

Oral Hygiene

APRIL 1944



Buffalo City Hall, Buffalo, New York (see page 347)

with

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FREE FROM RUST GRIT & CORROSION

Handpieces and angles given constant, regular care with Solubri Cleaner and Solubri Oil are always ready for instant use, wear caused by rust and grit is prevented, repairs are postponed.

Solubri Cleaner removes all accumulations of grit and debris. It is especially valuable for angles which are cleaned by immersing them in the bottle with the engine running.

Solubri Oil lubricates the moving parts of handpieces and angles, saves wear, keeps them running smoothly.

No single preparation will both clean and lubricate!

In 2-oz. wide-mouth bottles \$.50 each.

8-oz. bottles \$1.50 each.



THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U. S. A.

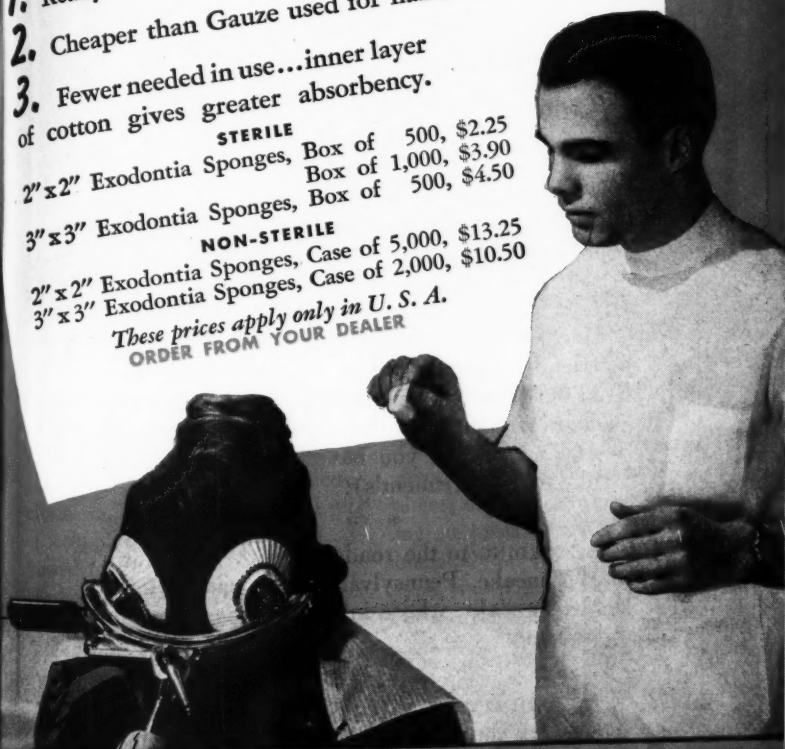
YOU SAVE 3 WAYS..

1. Ready to use . . . no hand-folding in office.
2. Cheaper than Gauze used for handmaides.
3. Fewer needed in use...inner layer of cotton gives greater absorbency.

STERILE
 2" x 2" Exodontia Sponges, Box of 500, \$2.25
 Box of 1,000, \$3.90
 3" x 3" Exodontia Sponges, Box of 500, \$4.50

NON-STERILE
 2" x 2" Exodontia Sponges, Case of 5,000, \$13.25
 3" x 3" Exodontia Sponges, Case of 2,000, \$10.50

These prices apply only in U. S. A.
ORDER FROM YOUR DEALER



EXODONTIA SPONGES

DENTAL DIVISION

Johnson & Johnson



The Publisher's Corner

By Mass

Number 274

FASCINATING FACTS

OF THE MANY RUMORS about the war whispered to this department, not one has turned out to be true.

* * *

ACCORDING to an advertisement in *Time*, you read the comic strips (if you do) because as a rule that's the only page in the paper where you can find news of *people you know*—and, next to finding something in print about yourself, the most interesting news is news of your friends. There's seldom anything about them in the paper. But you do know the comic-strip characters (if you do), and they are almost real to you (if you have a low-power mind like this department's).

* * *

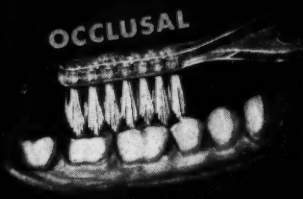
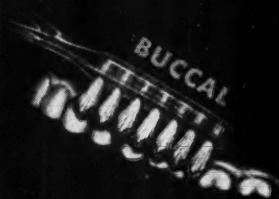
ACCORDING to the roadside marker, the town of Pancake, Pennsylvania, was named for a Mr. Pancake, whose initials escape me at the moment.

* * *

AN ACQUAINTANCE is reported to be taking a memory course because he was doing so much forgetting that it queeped up his lying.

(Continued on page 522)

For **EFFECTIVE** cleaning of



and
INTERPROXIMAL
surfaces

RECOMMEND

THE D.D. TOOTH BRUSH

THE unique *twisted handle* and non-skid thumb rest of the D.D. Tooth Brush permit easier control of the brushhead for effective penetration of the grooves, fissures and pits of occlusal planes . . . efficiently cleans buccal tooth surfaces . . . correctly brushes even hard-to-reach lingual planes . . . easily inserted into interdental spaces without injuring the

septal tissue. Set at a forty-five degree angle, the twisted handle of the D.D. Tooth Brush facilitates correct placement of the brush on the teeth . . . and almost automatically insures stimulating gum massage. Whether you recommend the two-row or three-row type, your patients will be assured of *the proper aid to oral hygiene designed by practicing dentists.*

Bristol-Myers Company
630 Fifth Ave., New York 20, N. Y.
DEPT. 4



APPROVED AND ACCEPTED BY
THE INDUSTRY'S LEADERS

CRYSTOLEX



No. 3 of a series

All approve **POLIDENT** for safe brush-
less cleansing of acrylic resin restorations

To safely prevent mucin-film, stains, tarnish from deadening the beautiful *lively* color of Crystolex and other acrylic restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors. FOR SAMPLES write:

Hudson Products Inc., Dept. 14-D, 8 High Street, Jersey City 6, N. J.

* After being subjected to long-time tests, Polident won positive approval by this and other leading makers of denture materials; is one of the denture cleansers they accept and approve.

DENTURE DILEMMAS



"HER HARSH TOOTHPOWDER
AND ROUGH BRUSHING
HAVE SCRATCHED AND
WORN ME DOWN —"



"TELL HER, DOCTOR,
THAT I'M 60 TIMES
SOFTER THAN NATURAL
TEETH AND NEED GENTLE
CARE—LESS HANDLING"



"AH ME!—
SO REFRESHING—THIS
SOAKING FOR 15
MINUTES OR SO IN
POLIDENT—AND SEE
HOW I SPARKLE!"

*POLIDENT IS APPROVED and accepted by the
leading makers of Acrylic Resin denture materials.

Write for supply of free samples:
Hudson Products, Inc., Dept. 14D
8 High St., Jersey City 6, N. J.

POLIDENT

the safe modern way to
keep dentures clean

PLAY SAFE, DOCTOR!

When patients leave with new
dentures, advise them to "Play
safe . . . Use Polident." They'll
appreciate it . . . be better pleased
with your work.

THE PUBLISHER'S CORNER

(Continued from page 518)

"WAGERING LOSSES are allowable to the extent of wagering gains," rhythmically remark the instructions for Form 1040. (A tempting first line for some dubious verse.)

* * *

AND IN PARAGRAPH 12 on page two, the Government spells *indebtedness* with one "s."

* * *

THERE ARE as many opportunities for error in a single number of a magazine (even this one!) as there are individual letters, figures, and punctuation marks in the issue. And that's several million.

* * *

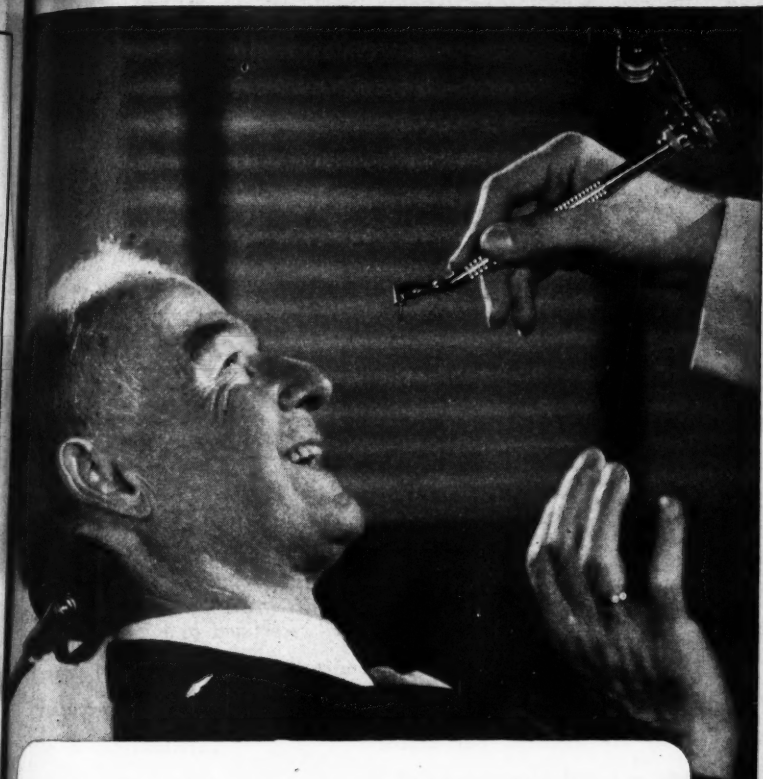
ONCE after successfully tracing a missing freight-car load of what was supposed to be ORAL HYGIENE paper, it turned out to be full of empty baking-powder cans.

* * *

AND one month many years ago, this journal's front cover carried the picture of a little child one of whose hands the artist had equipped with six fingers.

* * *

ORAL HYGIENE's founder, the late Linford Smith, one day thirty-odd years ago stowed the day's correspondence in the deep drawer of his desk, to see if, as a result of entirely neglecting about fifty letters, anything would happen to the business. Nothing did.



"You make it easy for me, Doctor!"

Pre-operative jitters give many a patient the horrors at the very sight of your chair. So, your work's more difficult. One easy preventive: 2 Anacin, 20 to 30 minutes before instrumentation.

Post-operative pain calls for a quick quieter, too—and gets it dependably from Anacin's skilful combination of effective, medically proven ingredients.

For regular, free monthly Anacin service, if you're not already getting it, write request on your letterhead to The Anacin Company, 257 Cornelson Avenue, Jersey City 2, New Jersey.

ANACIN
REG. U.S. PAT. OFF.

standa

When it comes to making restorations there are always too many unknown quantities — (you know, what X equals). We feel you can devote more time and effort to solving X if in your standard practices you use products on which you can depend.



Therefore we suggest you let D-P be your known quantity — you can be sure of it. First depend on

ELASTIC IMPRESSION CREAM

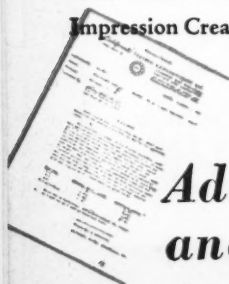
The fact that impressions taken with D-P Elastic Impressing Cream can be left in water overnight with NO dimensional change is



certified to by two of the country's largest independent testing laboratories. When used according to the simple technique prescribed, accurate results are assured. For uniform satisfaction don't guess — test the temperature of the water with a thermometer — 70° is most desirable, higher or lower temperatures affect the setting time — and allow the material at least three minutes to set. Impressions taken with D-P Elastic Impression Cream are tough, they don't break, regardless



of undercuts. The shelf life of the material in the new laminated bags is guaranteed for ONE YEAR.



*Admittedly different
and superior by our
competitors*

DePe
on

Practice

When dentures need relining, D-P Denturlyne should be standard practice. Strictly non-toxic and non-burning, it can be worn for months. It will not chip or flake. Use



DENTURLYNE

Too frequently dentures are trimmed until suction is destroyed and the dentures ruined. Used as a carbon paper on the issue surfaces, you'll find where and how to trim for exact fit and elimination of the cause of sore spots, with



INDICATOR GEL

You want castings that are dense, smooth and entirely free from pits and bubbles — naturally. They can be had that way every time, not just once in a while, if you paint the wax with



SLIK-CAST SOLUTION

DENTAL PERFECTION CO.

MANUFACTURERS OF

2323 W. WASHINGTON



DENTAL SPECIALTIES

LOS ANGELES, CALIF.



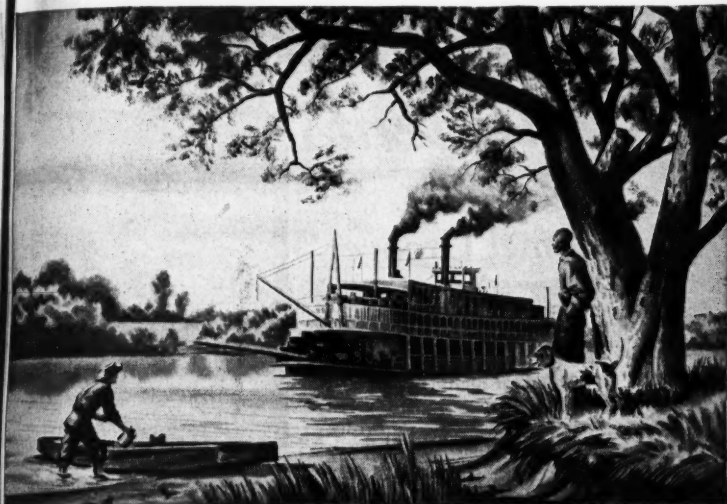
Five supplementary vitamins for the baby or little fellow who cannot swallow capsules or tablets. Vi-Penta Drops may be added to liquid foods (milk, orange juice, cereals, etc.) without materially affecting the flavor. Vi-Penta is never advertised to the laity. . . . HOFFMANN-LA ROCHE, INC., NUTLEY 10, NEW JERSEY

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the use
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THE MISSISSIPPI RIVER PROVES THE POTENCY OF

Liquid Bulk



FLOWING through the Mississippi Valley, the "Old Man River" carries along over a million tons of waste every day, depositing it into the Gulf of Mexico.

Similarly, in the intestinal tract, there is no more efficient method of flushing away waste than by the use of *liquid bulk*—as formed by Sal Hepatica plus water.

Clinical and laboratory tests prove that:

★ in the isolated loop of a dog's ileum, a laxative solution of Sal Hepatica increased the liquid bulk by 34 per cent in one hour.

★ in thistle tube experiments, a Sal Hepatica solution increased the liquid bulk by 100 per cent within 6 to 12 hours.

★ Sal Hepatica's liquid bulk helps stimulate bowel muscles, maintain a proper water balance. And the salines of Sal Hepatica relieve gastric acidity, help promote the flow of bile.

Dentists find Sal Hepatica helpful in guarding against systemic infection during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement.

Bristol-Myers Company, 19L West 50th St., New York 20, N. Y.

TO HELP FLUSH THE INTESTINAL TRACT

Sal Hepatica  **Liquid Bulk!**

Two NEW . . . Pfanstiehl DIAMOND DENTAL Instruments



Enamel Groover

Thickness .020"—Diameter .250"
Available for RA and HP

Cuts through the enamel readily with gentle pressure. Designed for dicing the enamel in opening up healthy teeth mesially and distally for bridge abutments. Ideal for all types of grooving operations. Incomparable for opening up small fissure cavities on the occlusal surface of molars and bicuspsids.



Porcelain Inlay Groover

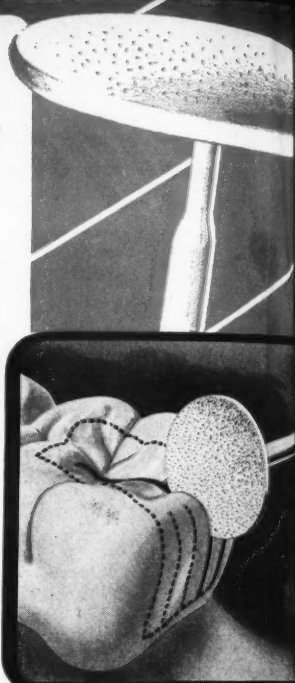
Thickness .012"—Diameter .175"

Made of tiny particles of diamond crystals for the safe and precise grooving of delicate porcelain inlays.

Made for HP only.

Ask Your Dealer TODAY

Pfanstiehl Chemical Co.
104 LAKEVIEW WAUKEGAN, ILL.



SPECIAL OFFER

Your
Dental Dealer
is authorized to offer
you a

Special
Introductory Price
on two or more of
these instruments.

Offer Expires MAY 1, 1944

Pfanstiehl Diamond Dental Instruments

for Simplicity

Should waste material adhere to PFANSTIEHL Diamond Discs, it can easily be removed by holding the instrument under running water and stroking it with a stiff brush. Amalgam and all waste materials may be removed from the instrument by running it at high speed in your engine against a piece of rubber containing abrasive.

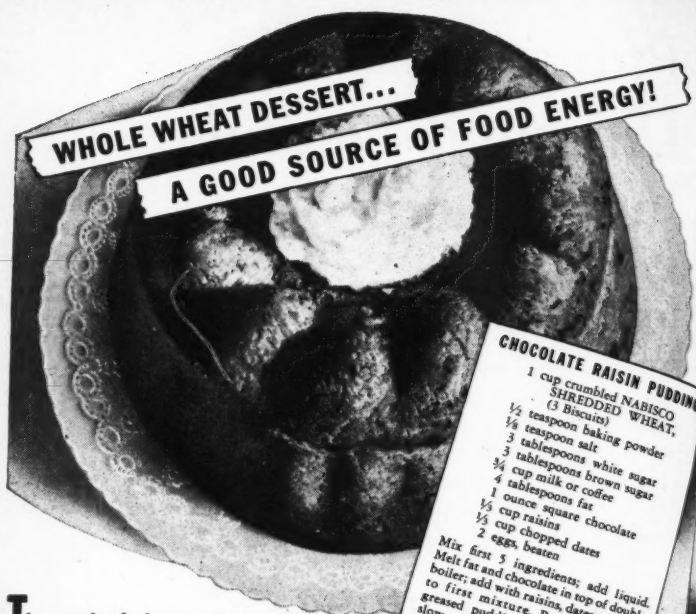
for Easy Cutting

PFANSTIEHL DIAMOND DISCS SHOULD BE USED WITH NEGLIGIBLE PRESSURE. Give the crystals a chance to feed themselves.

for Safety

Before re-sintering porcelain restorations make your touch-up grinding operations with PFANSTIEHL Diamond Discs as a safeguard against the incorporation of foreign material in the sensitive porcelain.

PFANSTIEHL Diamond Discs have stainless steel shanks and will not rust or corrode. The instrument may be sterilized by any of your preferred methods.



WHOLE WHEAT DESSERT...

A GOOD SOURCE OF FOOD ENERGY!

CHOCOLATE RAISIN PUDDING

- 1 cup crumbled NABISCO SHREDDED WHEAT, (3 Biscuits)
- $\frac{1}{2}$ teaspoon baking powder
- $\frac{1}{4}$ teaspoon salt
- 3 tablespoons white sugar
- $\frac{3}{4}$ cup milk or coffee
- 4 tablespoons fat
- 1 ounce square chocolate
- $\frac{1}{2}$ cup raisins
- 2 eggs, beaten

Mix first 5 ingredients; add liquid. Melt fat and chocolate in top of double boiler; add with raisins, dates and eggs to first mixture. Pour into small greased pudding mold and bake in slow oven (325° F.) 45 minutes. Serve warm with a sauce or cream. Serves 6.

The end of the meal can carry its share of the nutrition, too! Today a dessert which supplies food energy becomes an important diet factor.

Nabisco Shredded Wheat's Chocolate Raisin Pudding contributes energy as well as the satisfying sweet taste that makes a meal complete — for child and adult — for invalids and for healthy active people hard at work to fill the needs of war.

As you know, Nabisco Shredded Wheat is made from sun-ripened 100% whole wheat. This crisp whole-grain cereal contains valuable Proteins, Carbohydrates, Vitamin B₁, Iron, Phosphorus.

Recipe suggestions are available at Home Economics Kitchen, National Biscuit Company, 449 West 14th St., New York, N. Y.



BAKED BY NABISCO... NATIONAL BISCUIT COMPANY



COMFORT ADJUSTMENTS readily made...



Platinum **PALLADIUM** Golds

Patients have a traditional respect for precious metals.

They are quick to appreciate the desirability of using Platinum-Palladium-Golds for dental restorations.

Your usual sources of dental gold supply can furnish a range of Platinum-Palladium-Golds ... hard, medium, or soft ... to meet the requirements of all types of restorations including inlays and bridge abutments.

Platinum Metals Division

ADVANTAGES of using *Platinum-PALLADIUM-Golds:*

- 1 **WORKABILITY.** Comfort adjustments readily made. Can be manipulated or soldered without special equipment.
- 2 **HIGH STRENGTH.** Dense, accurate castings permit thin sections and assure precision fit, mouth comfort, and high masticating efficiency.
- 3 **RESILIENCY.** Makes possible "springy" clasps which can be inserted and removed over tooth contours without permanently bending, and which absorb stresses of mastication.
- 4 **THERMAL CONDUCTIVITY.** Response to heat and cold in harmony with that of oral tissue reactions.

NEW HUE Select O guide

New
A ^ MOULD CHART
THAT HAS EVERYTHING . . .

Size and form selection are easier with the New Hue Select-O-Guide, because every dimension, articulation and combination is clearly indexed on four pages.
Photographs of facial types and their re-

lated tooth forms are an accurate guide in selecting teeth for harmony of tooth and face form.

For your convenience, the chart, arranged in calendar form, is ready to hang on your wall.

It will make
your tooth
selection

Easier

Quicker



THE MOULDS AND DIMENSIONS OF

TRUBYTE

New Hue

ANTERIOR

For Beauty Protection
Make a New Hue Selection

TRUBYTE NEW HUE Moulds are indexed on this chart in three basic classes. The 71 moulds provide graduation in each form. Trubyte New Hue Teeth are classified according to the Trubyte System which develops

More


For Beauty Protection...
Make a New Hue Selection

IRUBYTE NEW HUE Moulds are indexed on this chart in three basic classifications, square, tapering and ovoid, to conform to the fundamental requirements for establishing face and tooth-form harmony.


To make tooth selection easy, each class is divided into typical and combination forms like the forms most frequently seen in natural teeth.



LONG SQUARE



MEDIUM LONG SQUARE



SHORT SQUARE

TOOTH	7	10	44
1D	7	10	44
1E	7.75	10.5	48
1F	8	11	51
1H	8.5	12	54

TOOTH	7	9	45
7C	7	9	45
7D	7.5	9.5	48
7E	8.5	10.5	50

TOOTH	7.25	8	44
3E	7.25	8	44
3C	7.5	8.5	47
3D	8	9	48



SEVERE SQUARE—SHORT



MEDIUM LONG SQUARE WITH OVOID



SHORT SQUARE WITH OVOID

TOOTH	7.5	8.5	45
1D	7.5	8.5	45
1E	7.75	9	48
1F	8.5	10	51

TOOTH	8	9.5	46
1D	8	9.5	46
1E	8.5	9.75	49
1F	9	10.5	52

TOOTH	7.25	8	45
1D	7.25	8	45
1E	7.75	9	48
1F	8	9.5	47
1H	8.5	10	51

SQUARE FORMS TAPERING FORMS OVOID FORMS and SHORT-BITE and SPECIAL MOULDS ARTICULATIONS and COMBINATIONS

Quicker
More Accurate

and remember
IT'S YOURS FREE
Just ask your
New Hue Dealer

**THE DENTISTS' SUPPLY
COMPANY OF NEW YORK**
220 West 42nd Street
New York 18, N. Y.



Perhaps good cakes can be made by rule of thumb, but in making fine pharmaceuticals, nothing can be left to chance. In the production of dental cartridges at Abbott Laboratories, for example, control chemists insist upon the maintenance of rigid manufacturing and testing standards to insure the sterility and freedom from bacteria, yeast, mold and impurities of every cartridge bearing the Abbott label. Production routines include recrystallizing the procaine hydrochloride to higher than U.S.P. requirements; chemically treating and distilling the water; filtering the solutions through porcelain; sterilizing the glass containers and rubber stoppers and plungers before assembly, and testing each lot for sterility, procaine content and pH. ● Why depend upon luck, when you can be sure of the clinical safety of the procaine cartridges made by Abbott? You may obtain through your neighborhood prescription pharmacy a complete selection of Abbott Procaine Cartridges, individually labeled and made to fit all standard dental syringes. ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS.

SPECIFY

Abbott

Procaine Hydrochloride 2% with Epinephrine 1:30,000**Procaine Hydrochloride 2% with Epinephrine 1:50,000****Procaine Hydrochloride 2% with Epinephrine 1:60,000****Procaine Hydrochloride 2% without Epinephrine**

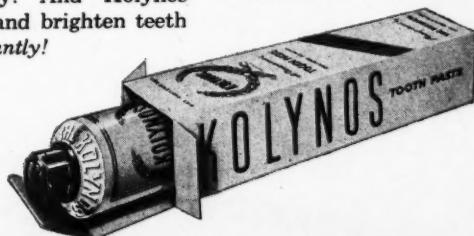
IN BOXES OF 10, 20 AND 100 CARTRIDGES

Thank goodness **EVERYBODY** goes
for that brand new flavor!



KOLYNOS TASTES KEEN . . . cleans
CLEAN! The tangy, tasty foam
of Kolynos is something your most
persnickety patient will go for! Its
fresh, delicious flavor will have pa-
tients of *all* ages reaching for tooth
brushes—regularly! And Kolynos
helps to cleanse and brighten teeth
safely and pleasantly!

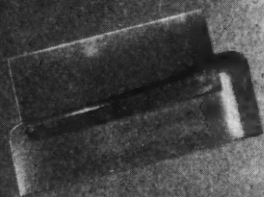
KOLYNOS
REG. U. S. PAT. OFF.
TOOTH PASTE



THE KOLYNOS COMPANY • NEW HAVEN, CONN.



ON EVERY VERNONITE LABEL



"Example of a plasticized acrylic resin found to be softer than celluloid. When similar blocks were pressed together the celluloid distorted the plasticized acrylic resin."

VERNON-BENSHOFF CO.

P. O. Box 1587 Pittsburgh 30, Penna.

On the label of every VERNONITE package, you will find the welcome guarantee that Vernonite CONTAINS NO PLASTICIZER. This unequivocal statement assures you that Vernonite is 100% pure acrylic resin and therefore stronger, harder and more stable physically and chemically than it could possibly be if plasticized or made from a commercial molding powder.

Processors of acrylic dentures, unlike commercial molders, are not confronted with high-speed, mass-production requirements and consequently do not have to use "soft" materials; i.e. those to which plasticizers or mold lubricants are added to satisfy machinery. Dental technics and molding methods permit the use of unadulterated resin, sacrifice no quality to speed.

Made solely for dental restorations, Vernonite's ingredients cost more than run-of-the-mill materials, but the thousands of users of Vernonite consider this cost difference small indeed when they weigh its qualities and its definite dependability.

ITE VERNONITE

REG U S PAT OFF

CONTAINS NO
PLASTICIZER

(CODE 106)

What is Reputation?

Webster Says:

rep'u-ta'tion—Estimation in which one is held. Public esteem, good name. Doing or having done some particular thing.

We at HANAU Engineering are proud of the fact that the reputation of HANAU products is held in such high esteem—that even with delays in delivery the demand for HANAU equipment has been and is increasing.

It is visible proof that in these days of material shortages (and in some instances substitute materials) that those who know HANAU, demand HANAU for “years and years of perfect service.”

Yes, we are proud of our reputation, proud too, that you—our customers—are patient in waiting your delivery turn for HANAU products. We promise to do all in our power to catch up on deliveries and not to keep you waiting one single day longer than necessary. May we say “Thanks for your consideration.”

HANAU ENGINEERING CO., INC.
1233 MAIN STREET **BUFFALO, N. Y.**



HANAU



for years and years of perfect service

PERIDONTOCLASIA

VINCENT'S INFECTION

GINGIVITIS

Clinical tests prove By-Ro to be exceptionally efficacious for the palliative treatment of the symptoms of these dread diseases.

By-Ro is indicated for use in the chair and by the patient at home during intervals between treatments. Also prescribed by many dentists in cases involving receding gums where patient is sensitive to hot or cold contacts.

FREE: Mail coupon for generous professional bottle and clinical proof.

FORMULA:

Sodium Hypochlorite*	1.25%
Chlorthymol	.05%
Peppermint Oil	.05%

*Stabilized

ORAN PRODUCTS, 501 West 139th St.,
New York 31, N. Y.

Please send me free professional bottle of
By-Ro and clinical data.

NAME

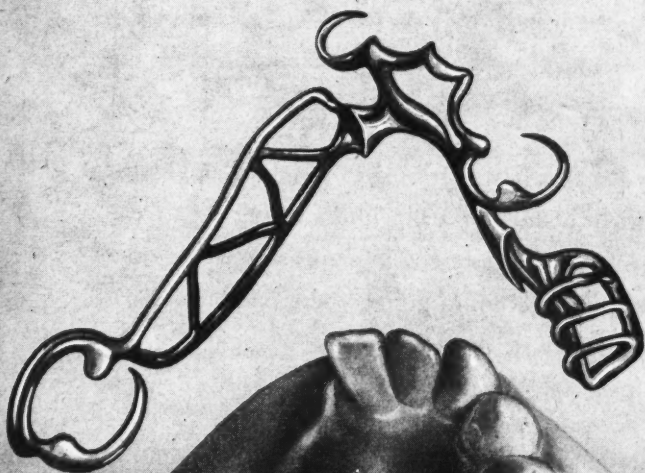
ADDRESS

CITY .. STATE

NEY

PARTIAL DENTURE GOLDS

QUALITY IN MATERIALS TO MATCH EXCELLENCE IN DESIGN



THE J

HA

NA

Uni

PA

Uni

THIS CASE illustrates a difficult restorative problem, especially remarkable for two reasons; in the edentulous area on the right there is no ridge, the space from the tissue to the occlusal plane being one full inch; this edentulous space extends from the second molar to the right central and, on the right side, all teeth are missing from the second bicuspid back. Because of the unusually large space on the left, plus the absence of the natural ridge, it was necessary to build up an artificial one. This "manufactured" ridge is well reinforced by the webbed lingual truss which is strong, rigid, and lightweight.

In fact, the finished cast frame (as illustrated, and without allowance for porosity or grindings) weighed only 1 1/2 dwt. in Ney-Oro G-3. If it had been cast in white gold Paliney #4, the weight would have been 4 1/2 dwt. It is questionable whether a restoration for this mouth could have been made as successfully in any other type of material. Prime requirements of the case are strength and rigidity for the artificial ridge, strength and efficiency for the clasps—properties which are characteristic of a sound engineering design, executed in fine dental denture golds.

THE J. M. NEY COMPANY
HARTFORD 1, CONN.

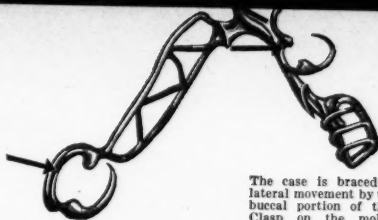


NEY-ORO G-3

Unit price \$2.00 per dwt.

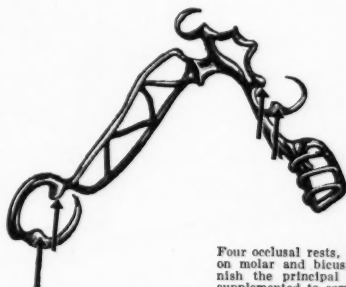
PALINEY #4

Unit price \$1.25 per dwt.



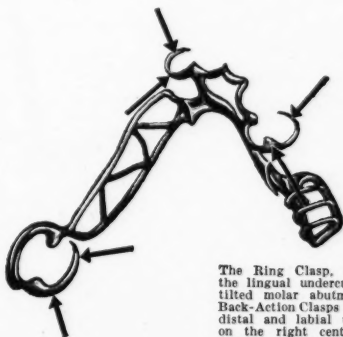
Bracing

The case is braced against lateral movement by the rigid buccal portion of the Ring Clasp on the molar, the lingual truss arms of the two Back-Action Clasps, and by the continuous lingual strap. Occlusal rest seats, properly prepared, also afford excellent bracing.



Support

Four occlusal rests, two each on molar and bicuspid, furnish the principal support, supplemented to some extent by the continuous lingual strap. Additional support will be provided by the saddles covering the edentulous spaces.

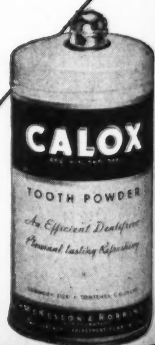


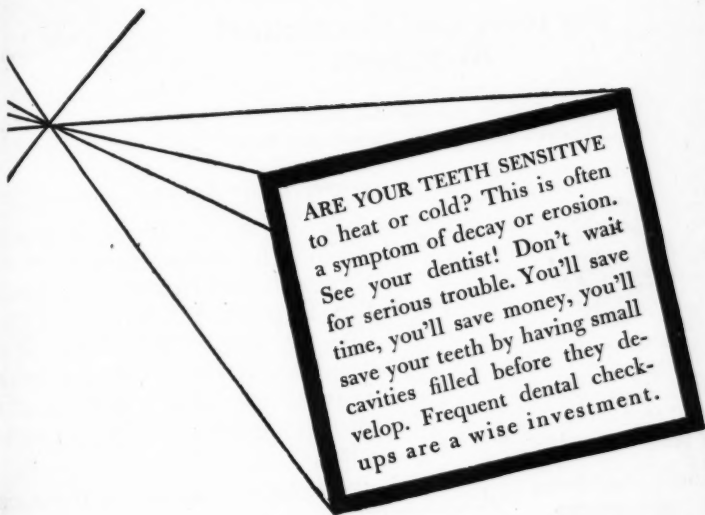
Retention

The Ring Clasp, engaging the lingual undercut of the tilted molar abutment, the Back-Action Clasps engaging distal and labial undercuts on the right central, and distal and buccal undercuts on the right bicuspid, provide the necessary retention to hold the case firmly and comfortably in position.

Write for a reprint of an interesting article

Calox Tooth Powder
radio announcements
carry to the consumer
a message
such as this...





ARE YOUR TEETH SENSITIVE to heat or cold? This is often a symptom of decay or erosion. See your dentist! Don't wait for serious trouble. You'll save time, you'll save money, you'll save your teeth by having small cavities filled before they develop. Frequent dental check-ups are a wise investment.

MCKESSON & ROBBINS, INC.,
BRIDGEPORT,
CONNECTICUT

**A Softer, More Burnishable
Certified Type "C" Inlay Gold**

JELENKO

FIRMILAY

REG. U.S. PAT. OFF.

**For Inlay and Carmichael
Abutments**

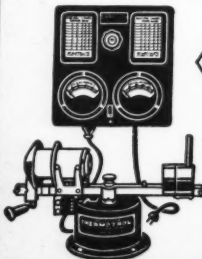
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Oral Hygiene

VOL. 34, NO. 4

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OUT OF EVERY
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TIME has a way of slipping thru your fingers these days. More patients want appointments — yet the day still contains only 24 hours.

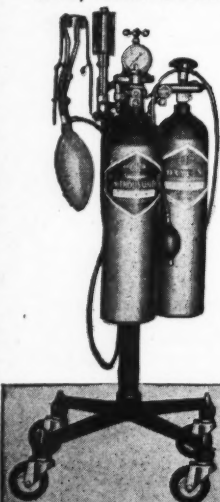
Many dentists are accomplishing more operative work per hour — thereby treating more patients each day — through the alleviation of pain by nitrous oxid analgesia.

Under analgesia the patient remains calm and cooperative, thus avoiding the many delays necessitated by "breathing spells," flinching or other reflex actions due to nervousness or operative pain.

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Write for a copy of the booklet, "Analgesia With Nitrous Oxid," that clearly explains the scope of this technique of pain alleviation.



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EMERGENCY IN A "FRYING PAN"



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With men in the Army, the Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

CAMEL *costlier tobaccos*

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

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Approximately half the patients were first given prophylaxis.

ALL were instructed to massage their gums and brush their teeth twice daily with Forhan's Toothpaste for a 30-day period.

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with massage

For Firmer Gums—Natural Sparkling Teeth



Picture of the Month

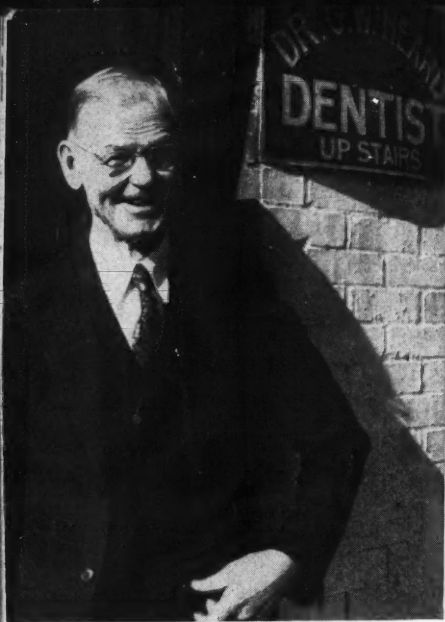


International News Photo

FRONT LINE DENTIST

CAPTAIN D. F. GLASS, a dentist of the British Eighth Army, is treating Private J. L. Williams of Anglesey, N. Wales. Photo was taken recently in Lenciano, Italy.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



By GEORGE W. HEARD, D.D.S.

"THE TOWN WITHOUT A TOOTHACHE" is the title of a story which first appeared in a Universal News Reel that is now being shown all over the world. In print the story first appeared under the by-line of J. D. Ratcliff in *Collier's* magazine and has been copied by many leading periodicals of this country.

This story is the result of my observations through my forty-five years in dental practice.

Once it was that in dental offices you could see a card on the wall, saying, "Clean teeth don't decay." While that statement is not boasted about now, yet dentists still believe that it is true.

It has been my observation that

I Practice it

"THE TOWN

clean teeth have nothing to do with the prevention of dental caries. I have seen plenty of mouths without a missing tooth where every tooth was covered with filth and yet there was no caries or even a single restoration in the mouth. I have also seen mouths that were kept scrupulously clean and nearly every tooth had a restoration, but this was not the case in patients in the area in which I practice.

In the schools of this town there are a thousand pupils. About half of them do not have a single tooth showing caries. Yet they have given their mouths no better attention than school children in other parts of the country. The young people who have grown up here have attracted attention in all parts of the world during this war because of their fine teeth.

From my observations and findings it is my opinion that caries results from vitamin and mineral deficiency. This deficiency is the possible cause of a craving or hidden hunger, which unbalances the mental, moral, and physical make-up of the individual.

This deficiency can be caused from food grown in impoverished soil, or by foods subjected to re-

ice | Texas dentist suggests causes of dental caries based on his experiences.

TOWTHOUT A TOOTHACHE''

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fining processes, improper food preparation and cooking. These impoverished, refined foods create abnormal appetites which cause overeating, but the requirements of the system are never satisfied.

It is logical to believe that when this earth was created, everything which is vital for health and well-being was placed here not only for man, but for all forms of life.

Law is Supreme

It is my conclusion that *all* things are governed by law, and when any law is disobeyed, failure in proportion to the disobedience

is the result. Disease in a tooth, lung, or a joint, is the result of the disobedience of law—a law of health, food, soil or living habits.

While we have little caries here there is a brown stain that shows up on the teeth. There has been some evidence that fluorine in the water has been responsible for both the brown stain and mottled teeth, but yet there are many perfect sets of teeth of people born here, while some of the native inhabitants have considerable caries. There is a reason for these differences. If fluorine were the cause

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These photographs show choice potatoes, carrots, and corn grown in Hereford.

FORTY-FIVE YEARS IN DENTISTRY

"After graduation from dental school I practiced in Albertville, Alabama seventeen years and, from the beginning, was interested in food as related to dental conditions.

"For the last twenty-eight years I have occupied the same office in the town of Hereford. At the beginning of my practice in Hereford, the brown stain on the teeth attracted my attention and later, the absence of dental caries interested me. Fortunately I could make comparisons because in Alabama caries was rampant. Later on, interest in this brown stain in various areas in the United States began to develop. On various occasions I mentioned to dentists the absence of caries at Hereford, but received such a cold reception that I did nothing about it except to continue my observations. The dentists as a profession seem disinterested in the low rate of caries in this area.

"I believe that this area furnishes superior zoological specimens, as well as vegetable products, and if the people who live here would confine their food to that grown here in its natural state the superiority of their teeth would be so great that it would attract national attention—enough to encourage research which would give light on the obscure problem of dental caries."

—George W. Heard, D.D.S.

then these differences would not exist.

My observation is that those who have consumed adequate amounts of milk and vegetables are virtually free from brown stain (this stain is not a deposit on the surface, but is a part of the enamel) and caries. These foods must be consumed during the years when the enamel is forming in order to produce immunity from brown stain or mottled teeth. There are cases in which a member of a family consumes excess of starches

and sweets to the extent that the teeth develop rampant caries. All evidence makes it clear that food is the controlling factor.

Another opinion I have is that whatever minerals and vitamins are necessary there must be a proper quantitative relation between them in order to secure desirable results. There is evidence here that milk furnishes this relation or balance because of the fact that milk drinkers have no pyorrhea, no brown stain, and no caries. I do not give these as facts, but as my

opinions and observations. Persons who eat a great deal of meat have pyorrhea and brown stain.

My observations have convinced me that the food grown in this area of Texas is rich in the minerals and vitamins which maintain teeth virtually free of dental caries.

The idea of bacteria being the cause of caries sounds absurd to me. Would anyone dare say there is no bacteria in the mouths of people in this area? There is a small amount of dental caries here but I am positive there would be none if people would eat only food that is produced here.

After twenty-eight years of examining and interrogating my patients, I believe it is possible to tell the kind of food a patient eats by examining his teeth.

Our people have been interested in nourishing food for children, such as protein, starches, sugars, and fats, but it appears that these nourishing foods produce disease, unless there is also an adequate supply of mineral and vitamin ele-

ments. These minerals must be colloidal, organic, and supplied through natural, unadulterated, unrefined foods.

Relative to bacteria causing caries, it appears that caries could be compared to an invading army which accomplishes little destruction when met by adequate resistance. Bacteria are said to be in all the mouths in every community, but caries varies from zero to near 100 degrees. If bacteria is the cause, this difference in caries would not be present.

Without the cooperation of the Texas State Health Department and Doctor Edward Taylor, chairman of the Dental Division,¹ the dental phenomenon of Deaf Smith County would yet be unknown to the world. As it is, there is a likelihood that the research and investigation undertaken by Doctor Taylor will lead to finding the cause of and prevention of dental caries.

Hereford, Texas

¹Taylor, Edward: Factors in Caries Immunity in the Deaf Smith County Area, Texas State Board of Health, Austin, Texas.

APRIL AWARD

DOCTOR GEORGE W. HEARD, of Hereford, Texas, presents the results of his forty-five years of observations in dental practice to win the \$100 ORAL HYGIENE award for the best story of the month.



A British dentist suggests ways to form closer ties between British and American dentists.



DENTISTRY: Over Here and Over There

By EDWARD SAMSON, L.D.S.*

TWO DISTINCT and somewhat one-sided views upon British and American dentistry have existed always—views which may be expressed bluntly and broadly in these terms:

- British dentistry—
bad—American view.
good—British view with qualifications.
- American dentistry—
good—according to British public.
good—according to British dentists.

This classification, if not exactly precise, provides a general consensus of opinion in regard to the average dentistry provided by both nations.

Now, it is the most invidious task to draw distinctions between the professional services of two different nations—and at a time

like this—almost a treasonable offence. Furthermore, it is one of those arguments that can never be settled conclusively except by a decisive blow from the stronger antagonist. Yet there emerges from these discussions an issue of some interest: namely, why is American dentistry usually considered of a higher standard than British?

In answering this question I do not fear treading on dangerous ground or sensitive feelings. Indeed, I believe I can dispel a great deal of misconception and, with a touch of frankness, may help to build up a greater and more lasting understanding between dental colleagues on both sides of the Atlantic. If these few words achieve that much, they will have done more than a dozen well-meaning ambassadors.

In the first place—it can be agreed fairly that dentists in both countries have equal capabilities, allowing for slight differences in

*President, British Dental Association

their education; the surgical aspect being emphasized rather more in Great Britain—the craftsmanship possibly stressed more in the United States. But it is fair to assert that the average dentist from either country is little more or less efficient than his transatlantic colleague. If dentistry here is of a lower standard (though I prefer the term type to standard) it is the result of a lack of opportunity rather than of dental skill. In other words, the patient in these islands much more frequently demands makeshift measures to tide him over pain and inconvenience until the tooth, or teeth, may be lost; a result which he considers inevitable.

Dentist Has Failed

Of course, it is delightfully easy and comforting to the conscience to blame the patient, though this is not my intention. I still am convinced that the fault lies with the dentist, for he has failed to educate his public in matters of good taste in dentistry, in the rightness of certain forms of treatment as opposed to the laziness of adopting others.

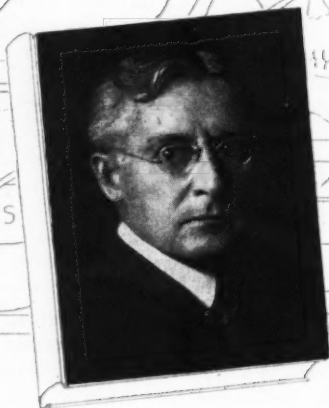
American mouths contain a greater quantity and variety of first-class dentistry because American patients ask for it, perhaps demand it, and certainly because they possess, at least an elementary knowledge of the desirability of certain types of service. Fewer American patients argue with their dentists or question their

prognoses. I can well imagine that a patient "over there" places himself unreservedly in his dentist's hands because he has been taught to appreciate when a good dentist is talking sense. "Over here" the patient may realize that the dentist is right enough in his views, but he is still prepared to take a chance on his own opinion as a layman for no other reason than because he has not been well-educated, dentally. He will listen to reason though he will reserve his right to act upon it.

Compare Dentists

The explanation of these two divergent attitudes toward dentistry lies in deeply rooted national characteristics. Here there is a certain conservatism which causes a dentist to be chary of advertising himself or his professional capabilities too much or too loudly. In an effort to wear the mantle of dignity becomingly, the British dentist errs on the side of reserve (some call it pomposity) which results in the harmful ignorance of the patient. The American, on the other hand, is a product of a new, energetic country where enthusiasm is the keynote of all that is done. In a word, the quality on "that side" is that of vigorous youth, on "this side" that of middle-aged circumspection. It would be unreasonable to compare these two qualities closely since they are unalterable and, each in its way composed of virtues and faults. As I have agreed to be frank, I will say that

FORGOTTEN DENTURES



Doctor Rodrigues Ottolengui

By RICHARDSON WRIGHT*

Dentist doubles as writer of detective stories.

IF, DURING the early 1890s, a New Yorker suffered from an annoying molar, like as not he eventually would arrive at 215 Madison Avenue and open his mouth to the knowledgeable inspection of young Doctor Rodrigues Ottolengui. And he would have made a wise choice. Doctor Ottolengui, besides already being a dentist of repute, had pub-

lished *METHODS OF FILLING TEETH*, illustrated with 237 line cuts and fortified with an index. The 1891 edition was followed by revised printings in 1898 and 1899 which were accepted both here and abroad as the authoritative work on the subject. The succeeding generation of American and British dentists, as it were, cut their teeth on it.

Of this book our supposititious New Yorker may have learned on his first visit. The mere mention of

*Reprinted through the courtesy of *The Saturday Review of Literature* and with the permission of Richardson Wright, Editor-in-Chief of *House and Garden*.

such a workmanlike job would have assured confidence to any patient. On subsequent visits he might have learned that the man who filled his cavity was also a charter member of the New York Entomological Society, founded in 1892, being a butterfly fan and having assembled a large collection of rare North American lepidoptera (it is now in the Museum of Natural History); that he was a taxidermist of no mean note; and that, as a member of the New York Camera Club, he had received many prizes for pictorial photography. But what would probably interest him most was that Doctor Ottolengui had become our dental counterpart and almost the literary contemporary of England's physician crime-solver, Doctor Conan Doyle.

In 1891 *The Adventures of Sherlock Holmes* began running serially in the *Strand Magazine*; in 1892, under the Putnam imprint, appeared the first of Doctor Ottolengui's sleuth stories, *AN ARTIST IN CRIME*. Modernize the furnishing of the rooms, throw in a few telephones and automobiles, substitute a little cafe society talk for the stilted dialogue, and Putnam's Earle Balch would snap it up today. Besides being published in the United States and England, *AN ARTIST IN CRIME* appeared in French, German, and Polish editions.

The plot ranges from Boston, to New York, to New Orleans. It has all the marks of a skillfully planned

detective story. In this first work Doctor Ottolengui created two characters who were to wind their devious ways through several more full-length mysteries and a sizeable quantity of short stories. These were Robert Leroy Mitchell, a monied gentleman of leisure and collector of precious stones who imagines himself able to outdo detectives in their own line of work—and sometimes does—and John Barnes, fledgling Boston lawyer turned sleuth.

The conventional hapless police officer appears only casually in this and subsequent stories. Nor have I been able to find any evidence of lepidoptera, photography, or taxidermy. In only one story did dentistry provide a solution.

Doctor Ottolengui was evidently a man with a many-track mind. Both the dental calling and the writing habit ran in his family. Born in Charleston in 1861, he was the son of Daniel Ottolengui, author and playwright, and Helen Rosalie Rodrigues Ottolengui, also an author, regarded at one time as the handsomest woman in South Carolina. Octavus Roy Cohen was his cousin. Another cousin, Count Aguilar, served as dentist to the former King Alphonso of Spain. His grandfather, Doctor B. A. Rodrigues of Charleston, was a distinguished dentist. Coming to New York, the young Ottolengui studied dentistry under Doctors W. A. Atkinson and Norman W. Kingsley and to the latter he became assistant for a time, after

which he set up his own dental "engine" and operating cabinet.

Apparently he did not allow his various digressions to interfere with his calling: his dental reputation was well sustained for fifty years. *Polk's Dental Register* for 1925 reports his offices then at 80 West 40th Street, a New York block made famous by two other members of the medical profession—Doctor Herman Knapp, the famous ophthalmologist (his son follows the same calling), and Doctor E. G. Janeway, one of New York's most popular consulting physicians. Doctor Ottolengui was not to lay down his drills until 1933, a long life colored with "fillings," photography, taxidermy, butterflies, professional papers, and good deeds. Four years after he had retired from active practice, on July 11, he died.

In his second yarn, *A CONFLICT OF EVIDENCE*, 1893, set in a small New Hampshire town and equipped with a map of the crime, the author dispenses with ruby-collecting Mitchell but reveals a growing legalistic knowledge. It also leaves us with Jack Barnes now the chief of his own private detective bureau in New York.

Ottolengui had struck his gait and the production line was flowing. In 1894 appeared *A MODERN WIZARD*, with a dedication to the Honorable George F. Andrews, Justice of the Supreme Court of the State of New York. There is no evidence that Judge Andrews's assistance was repaid by free dental

service, but the story does rise to the climax of a well-devised court trial. Concerned with the fantastic and criminal tendencies of a Doctor Medjora who was steeped in the etiology of insanity and finally went that way, *A MODERN WIZARD* indicates that Doctor Ottolengui had been dabbling in pre-Freudian abnormal psychology. He also had Medjora suggesting that insanity was a germ disease which could be cured by a serum. It was the beginning of the theory, since seriously considered, that many cases of mental disease are traceable to infections about the teeth. For all its medical theories, a speedy and fabulous thriller, this.

THE CRIME OF THE CENTURY came next and with this Jack Barnes's foil, Mr. Mitchell, is older and richer. He has traveled abroad and learned that Barnes's reputation already has reached England and the Continent. The story is spun around a New York multi-millionaire and his foundling daughter and shows how the sins of youth can rise up to smite a man in his respectable old age. It also reveals Doctor Ottolengui as having acquired a working knowledge of New York's underworld and a close acquaintance with an organization such as the Society for the Prevention of Cruelty to Children. The latter may have stemmed from another interest in Doctor Ottolengui's life: his obituaries also speak of him as a philanthropist.

In 1891 appeared *FINAL PROOF* or *THE VALUE OF EVIDENCE*. This,

April, 1944

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ORAL HYGIENE

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together with AN ARTIST IN CRIME, was reprinted in Putnam's Knickerbocker Library in 1903. Between these boards are contained a novelette, The Phoenix of Crime, in which Mr. Mitchell's dentist identifies a dead person after cremation and thereby solves the crime by a chart of teeth cavities and "fillings." Five years after this book appeared a mysterious corpse found floating in the river near Yonkers was identified in the same way by a local sheriff who had read THE PHOENIX OF CRIME. This novelette is followed by eleven short stories which, I gather, first appeared in *The Black Cat*, that memorable pocket-size thriller which ran its merry way each month from 1895 to 1922, and in the London *Idler*.

By this time Doctor Ottolengui had reached the presentable age of thirty-seven. He had behind him an authoritative dental work, four full-length detective stories, a novelette, and eleven shorts. He had seen several of his books published in foreign languages. Probably he decided that he had sufficiently paid his debt to his literary parents. Thenceforth his pen seemed dedicated mainly to his first calling.

For thirty-five years he edited a

monthly magazine, *Dental Items of Interest*, and within a few years of his death collected his fugitive dental writings in a book, TABLE TALKS ON DENTISTRY. Considering the fact that he survived his wife by only a year and had been married a long time without issue, that good woman was evidently accustomed to have orthodontia and root canal therapy served up with the three daily meals. But then, one can bear with fortitude the professional conversation of a husband who, in his time, was a trail-blazer—one of the first to use x-ray in dentistry, who at one time tried to produce anesthesia by hypnotism. A vigorous, salty personality, he held positive opinions and wasn't afraid to express them. Nor did he let his mind grow old along with his body! Indeed, to keep his hand in, Doctor Ottolengui edited *Dental Items of Interest* virtually up to his dying day.

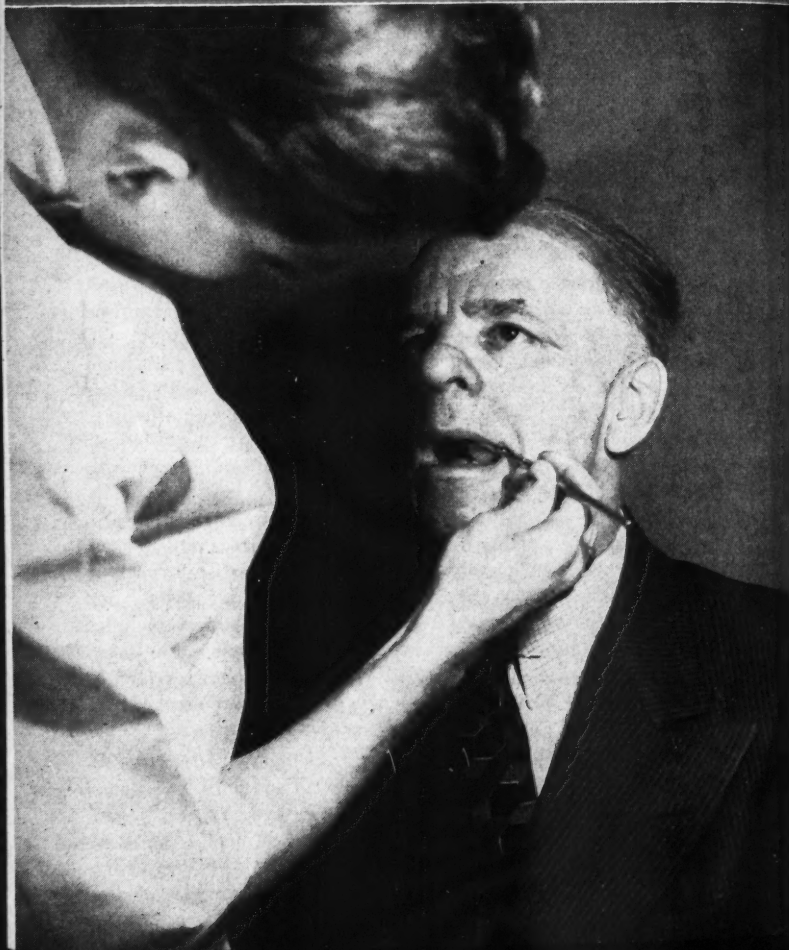
A contemporary of that other excellent mystery writer, Anna Katherine Green, Doctor Ottolengui might have been remembered as an author had he not reformed so early in life. So far I have not found any of his stories included in present-day crime anthologies. Only those who have arrived at the age of dentures remember him.



THE PATIENT SPEAKS HIS MIND

This is what a patient expects from his dentist.

The patient is in a troubled state of mind.



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By **JULIUS J. BLUESTONE**

SUCCESS IN ANY profession depends upon a thorough knowledge of one's market requirements, and the ability to meet them. The dentist's market is his patients. His ability to meet their requirements is limited by the extent of his knowledge of dentistry and human nature. To create confidence and good will, and increase his practice, it is essential that the dentist be able to see himself objectively as the patient sees him.

When a patient first enters the office of a strange dentist he has no way of knowing the extent of the dentist's knowledge and skill. A friend's recommendation is merely an introduction. Most people wish to pass judgment on a dentist themselves instead of relying fully on the advice of a friend.

The patient is in a troubled state of mind. His discomfort and its cause are uppermost in his thoughts. He wishes to obtain relief in the shortest space of time. To him, visiting a dentist is an unpleasant but necessary chore which must be finished in a hurry.

Dentists allow their patients a limited amount of time in the chair, split up into a number of repeated visits, to which the patient strenuously objects. This is the reason which prompts many steady patients of dentists to switch over to a new one.

Many dentists fail in the most vital stage of establishing satisfactory dentist and patient relations;

that is, creating confidence. Lack of confidence in the dentist is another reason for the existence of transient patients who never seem satisfied with the former dental services rendered them.

The Approach

The patient has a severe toothache as a result of caries. He sits in the chair, anxiously waiting for the dentist to finish selecting his instruments. The dentist takes a last look at his files and then asks the patient's name, address, and occupation. At last he tells him to open his mouth, and takes a look at the tooth responsible for the patient's visit. Then, much to the patient's consternation, he proceeds to examine all his other teeth, as if to determine the possibility of future visits and ascertain just how much this particular patient will net him. It seems that the dentist is motivated rather by the desire for profit than the patient's oral welfare. This immediately sets his mind against the dentist, especially when he talks about another slight cavity which, at the present time, is not causing annoyance. The patient never intends to plan future dental service until he sees how the dentist handles the job assigned him. Then, and only then, is the proper time for the dentist to suggest additional services.

Everybody who visits a new dentist inevitably compares the methods and craftsmanship of the new dentist with that of the former one.

He is not impressed if the new dentist does not take the precaution of seeing that the drill does not become too hot in the grinding process, as did the former one; thereby preventing undue pain.

It would be good business if the dentist would query the patient as to whether his former dentist inserted cement bases underneath restorations. Perhaps it would be wise for the dentist to consider doing this, preventing sensitivity to extreme hot and cold temperatures of foods. The last dentist may have been careful that he did not injure a patient's gums, either when polishing the teeth, or during a most difficult dental operation on an individual tooth. It does not demonstrate skill on the part of the new dentist when he ignores this important point. The gums do not heal quickly, and long after the job is done, the injured gum reminds the patient, like an advertisement, that the dentist's hand accidentally slipped or was totally lacking in the necessary manipulative skill.

Instruct Your Patients

It is perfectly clear to the dentist why it is necessary to drill, break, or grind part of a tooth away, but the patient has no idea of why it is being done. He does not like to spit out powdered enamel and dentine which is white instead of the black that he expected to see, and thinks that the dentist is drilling unnecessarily, grinding away the very tooth for which he came to him seeking protection. When

he asks questions, the dentist usually replies vaguely that it is an essential procedure and seems to feel insulted by having his competence questioned.

Dentists complain that the patient doesn't appreciate what is done for him. This is true but it is the dentist's own fault, for nobody can appreciate what is done for him unless he is allowed to see how he has been benefited.

Many dentists seem to be afraid to impart some of their knowledge to the patient, either because they are not fully informed on some branch of dentistry, or they fear that if the patient knows too much, he will have contempt for the dental profession. There is nothing further from the truth, for the more the dentist impresses the patient with his erudition, the more respect and confidence he will create.

It is the patient's right to know what is going on in his mouth, whether before, during, or after dental operations. He expects to be fully informed as to the extent of the caries, the nature of the service involved, the advantages of either a gold or silver restoration, and why the tooth cannot be saved. In the patient's opinion, the dentist should be a counselor on whom he can rely with complete confidence for proper advice and treatment; if he isn't, he is nothing more than a skilled laborer.

1601 Clark Street
Detroit 9, Michigan

April, 1944

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Dentists in the News

Seymour (Indiana) Daily Tribune:
The honor of being the first American dentist to land on enemy soil goes to Lieutenant Commander Frank K. Etter. Attached to the Fifth Marines of the First Marine Division, as regimental dental surgeon, Commander Etter was with the first Allied troops to make the initial landing on Guadalcanal, August 7, 1942.

Between the battles which raged on Guadalcanal for several months, Doctor Etter was regimental dental surgeon. During the battles he assisted the regular regimental surgeon in treating the wounded. He built his own dental office in the jungle out of logs, crates, and other odds and ends, and set up his portable equipment. One of his patients was Richard Tregaskis, author of *Guadalcanal Diary*, which was written about the outfit in which the dentist served. Commander Etter, who is the son of Mr. and Mrs. Frank B. Etter, 603 North Poplar Street, wears a Presidential Unit Citation ribbon, awarded to him for his service on Guadalcanal. He is now stationed at the U. S. Naval Air Technical Training Center at Memphis, Tennessee.

Fort Benning (Georgia) Bayonet:
Allied soldiers fighting in Italy face three disadvantages—weather, terrain, and an entrenched, determined enemy—in the opinion of Lieutenant Colonel Robert P. Miller, Appleton, Minnesota dentist, who has returned to the Infantry School as an instructor after twenty

months of overseas service in Africa and Italy as a battalion commander.

Colonel Miller was one of the first to cross the Volturno river in Italy when the American Fifth Army began to dig into the German lines after being held on the south side for days. The Colonel's outfit was also the first division to be shipped to Ireland and remained there eight months before pushing on to Africa where it arrived in time to take part in the battle for Algiers. He was wounded in this action and received the Silver Star for the able manner in which he handled his battalion.

Colonel Miller recalls two amusing incidents that relaxed the tension during this campaign. In one town a bomb landed on the warehouse in which the battalion's barracks bags were stored. Natives, quick on the pickup, managed to salvage some articles. One G. I. was amazed to see an Arab walking down the street, his legs thrust through holes in the bottom of the bag which he was



wearing in lieu of trousers. And across the seat was the soldier's name, home town, and serial number. In another instance, an officer felt something hit him and then felt warm liquid oozing down his back. He turned to a sergeant,

"They've got me, sergeant," he groaned. The sergeant investigated and found that a bullet had pierced three cans of C ration and the warm grease was running down the officer's back.

After receiving his dental degree in 1926 from the University of Minnesota, Colonel Miller practiced dentistry for a number of years. In 1936 he attended the Company Commander's course at the Infantry School and the Battalion and Staff Officers' Course in 1941. The same year he attended the Command and General Staff School at Fort Leavenworth but was called overseas before he finished the course.

In addition to the Silver Star, Colonel Miller has been awarded the Purple Heart with an Oak Leaf Cluster.

The Stars and Stripes: Lieutenant Herman Ivanhoe (DC), a former Brooklyn dentist, wins the distinction of designing the first dental chair to be built from salvaged bomber parts. After designing "the most modern Army dental chair in Northern Ireland," where he is stationed, Lieutenant Ivanhoe also directed its construction out of parts of USAAF bombers "retired" from active duty over enemy territory. The dental chair is fitted with movable leather headrests requisitioned from a dissembled Marauder.

Lieutenant Ivanhoe said that when he arrived at the base several months ago he was issued a regular office chair which "didn't offer much comfort to my patients." Professional chairs being scarce in the British Isles he was unable to obtain one.

"I thought about it for quite a while and mentioned my problem to some

of the ingenious officers and men stationed at my post," he said. "One of them suggested that parts from salvaged planes might be of use, so I went ahead and drew up the plans while the boys got the tools and material together."

Lieutenant Ivanhoe reports that "quite a number of Air Corps officers and men come to me for treatment and they all tell me that the chair makes them feel as much at home as if they were in a Fort or a Marauder."

Columbus (Ohio) Citizen: For almost thirty years Captain Leonard and Captain Stanley, the Wasserstrom twins, whose promotions to the rank of cap-



tain were announced recently by the War Department, have been confusing their friends, their brothers and sisters, their school teachers, and now their fellow officers. As far back as they can remember and through the first two years of college the Wasserstrom twins dressed alike. While still in grade school they decided to become dentists, and in 1935 were graduated from Ohio State University. They opened an office together at 279 East State Street, Columbus. Both enlisted in the Army in October, 1942. Just for the record Captain Stanley is thirty minutes older than Captain Leonard and has an eighth of an inch in height over his brother.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and

carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

This month's awards for the best stories submitted for DENTISTS IN THE NEWS go to:

EDNA J. KOERNER, D.D.S., 2125 South Delaware Street, Indianapolis, Indiana.

CAPTAIN THEODORE KATZ (DC), Fort Benning, Georgia.

R. C. HAAS, D.D.S., 204 South Poplar Street, Seymour, Indiana.

CAPTAIN ALEX CROWER (DC), Med. Det. 332 Engineers, A.P.O. 409, New York.

DENTISTS' INCOMES SHOW INCREASE

A NATION-WIDE survey of dentists' incomes conducted by the American Dental Association in cooperation with the U. S. Department of Commerce reveals that the average net income of dentists for 1941 was \$3,773, an increase of \$859 over 1937. A survey of physicians' incomes made by the U. S. Department of Commerce showed the average net income of the independent practitioner was \$5,047 in 1941, an advance of \$762 over 1937. Comparing the average gross income for 1941, dentists received \$7,020 and physicians, \$8,524.

Results of the survey of dentists' incomes have been compiled and interpreted by R. M. Walls, D.D.S., and M. L. Dollar.¹ They reported that questionnaires were mailed to every dentist in the United States, members and non-members of the American Dental Association. In all, 13,489 questionnaires were returned, or approximately 17 per cent of all the dentists in the country responded. Thus they consider the sample adequate to give a fair representation.

It was found that the average net income in 1937 for all dentists was \$2,914. Income increased, reaching a level of \$3,328 in 1939 and continued to increase to \$3,773 in 1941. Both the members and non-members of the Association experienced increases in their incomes. The average net income of members in 1937 was \$3,386, increasing to \$3,728 in 1939 and to \$4,177 in 1941. Among the non-members, the net income increased from \$2,177 in 1937 to \$2,584 in 1939 and to \$2,941 in 1941. These increases in the net income of the dental profession followed closely the improvement in the economic situation of the country as a whole.

¹Walls, R. M. and Dollar, M. L.: Economic Status of the Dental Profession—1941, J.A.D.A. 30:1777 (November) 1943.

THE COVER

OUR COVER this month is dedicated to The Dental Society of the State of New York whose seventy-sixth annual meeting is to be held in Buffalo, May 9-12. The photograph shows the Buffalo City Hall.



Military News

Dentistry in War Areas:

An important feature of Army and Navy Day at the Chicago Midwinter Meeting was the address by Major General Robert H. Mills, who had just returned from a six weeks' inspection tour of dental installations in England, Sicily, Italy, and North Africa.

Contrasting methods now used with those of previous wars, General Mills pointed out that "units of the Medical Department accompany every invasion force, land at the same time, set up first-aid stations, and are ready for service when the first wounded and sick appear . . . Semimobile evacuation hospitals are found as near the front as practical for major medical and surgical procedures in the care and treatment of all casualties.

"Blood plasma, the sulfa drugs, more adequate supplies, with the presence of the physician, dentist, and the nurse in the forward combat areas have paid tremendous dividends in the saving of many lives not possible during the last World War.

Mobile Dental Laboratory

"Another valuable addition to the field service, is the mobile dental laboratory," General Mills said. This laboratory accompanies troops to the combat area and is available for denture construction and repair. It greatly assists in retaining the men with dentures in the front lines, since a soldier with a broken or lost denture does not have to be evacuated now to a fixed installation in the rear area. It is estimated that 18 to

20 per cent of the troops are wearing one or more dentures, which are necessary to masticate the Army ration."

It is in the evacuation hospital, somewhat farther behind the lines, where the dentist performs more strictly dental service, General Mills explained. There one dental officer, one medical officer, two nurses and two technicians comprise every maxillo-facial team of the auxiliary surgical group, which performs maxillo-facial operations. The dental officer assists with operations in head injuries involving the lower part of the head, makes splints for jaw injuries, and helps make repairs to enable the patient to carry on normal bodily functions as well as possible.

Devise Equipment

General Mills spoke of the ingenuity of Medical Department men in improvising machinery in combat zones. He saw an improvised mobile dental laboratory being used with the Fifth Army in Italy pending receipt of the type the Army Medical Department has now standardized and is shipping to units overseas. He said he saw every type of motor used to propel dental engines, including old ones from Singer sewing machines, mimeograph machines, and electric fans. Electric engines are now being supplied, he added. In general he found that the supply situation in Italy was "very satisfactory."

He found morale high among the Army personnel and he said men were receiving promotions in accordance with recent instructions. At hospitals he

visited, virtually all lieutenants have been promoted recently to captains.

"The dental officer in the combat zone of World War II is subjected to every handicap and method of destruction known to the enemy," General Mills said. "If people on the home front could realize what is going on at the battle front, there would be less grumbling at home."

Supply of Penicillin:

Giving the war credit for the rapid developments in the use of penicillin, Colonel George Edward Meyer, in his talk to delegates to the Chicago Midwinter Meeting, expressed optimism over the prospects of having enough of this drug for the needs of the entire nation by next summer.

"When the wonderful results of this medicine were noted," he said, "it was arranged that the soldiers and sailors returning from the battlefronts should have the benefit of whatever was available. Recently since production has increased there has been an allotment for civilian use. The production is increasing from month to month, and it is entirely possible that chemists will work out a synthetic molecule of this substance which may even be an improvement over that produced by Nature and cost much less.

Colonel Meyer, who is now chief of the Dental Service of the Barnes General Hospital, Vancouver, Washington, is on leave from Northwestern University where he served as clinical professor of oral surgery since 1909.

Describing the use of penicillin during the war in severe cases of maxillo-facial injuries produced by infection, Colonel Meyer predicted that with continued successful experimentation the medical and dental advances in its use would be tremendous. "Every man," he said, "has the possibility of pioneering

a new use or effecting a new cure by the use of this remarkable drug."

Replacing Physicians:

It is expected that hundreds of Army medical officers will be relieved for duties demanding more of their professional knowledge as a result of training that has been inaugurated for officer candidates who will serve as assistants to battalion surgeons. The first six-week class of the School for Administrative Corps began its course at the Medical Replacement Training Center, Camp Barkeley, Texas, in February.

Under the new plan the medical officer assistant surgeon will be removed and replaced by a medical administrative corps assistant to the surgeon. The medical officer thus will be freed for assignment further in the rear where his professional capabilities can be realized more fully.

The school at Camp Barkeley is the first of its kind designed to train officers of the American Army specifically for duty in the aid stations. Most of the course will be devoted to field medicine and surgery, with other subjects, including sanitation and tactics, and shorter periods devoted to logistics and administration. Classes in field medicine will include anatomy and physiology, bandaging and dressing, splints, emergency treatment, and miscellaneous hours will include transportation of casualties, transfusions, chemotherapy and the use of penicillin, tropical diseases, immunization, and the care of psychiatric casualties.

Other classes at the school are scheduled to begin in early spring. Enlisted men who have had medical technical training in the Army or who in civil life were male nurses, pharmacists and the like, are especially wanted for these classes.

paper and magazine articles and on the radio.

Usage creates acceptance, and if we continue to use the term "Doctors and Dentists" we eventually will lose our title and remain "Misters." There will be none to blame but ourselves, unless we, particularly our editors and speakers, give the matter proper attention. It will not correct itself without the aid of the dental profession, and we should all do our part to make people understand that we are "Doctors."

To me, nothing is more disagreeable and obnoxious than to hear a dentist speak of "Doctors and Dentists." If only he would pause a moment and reflect, he would not demonstrate such poor reasoning. Such an exhibition may cause not only a loss of respect but also of patients who know better.

Some of our colleagues worry, sacrifice, and labor to elevate our status and we, the average dentists, should do our part from every possible angle. If we cannot contribute scientifically, let us at least help keep dentistry on a high plane with reference to the general public.

"He is not a doctor. He is a dentist." Does your assistant say this to patients? She can unwittingly spread the misconception.

Physicians occasionally place us as one of the "Three D's." At a cultural meeting of professional men, the chairman, an esteemed physician, said, "We have present the 'Three D's,' the 'doctors,' the dentists and the druggists." The

group chuckled and there was no evidence of disagreement.

Correct Your Friends

Your physician friends can be corrected diplomatically and they feel abashed when they see their mistakes. When they use the term ask them, "Doctor, what is the technical difference between doctor and dentist?" They will either correct themselves or ask you for the answer. If you must inform them, they feel foolish when you say, "It should be physician and dentist."

The physician should know medicine and we, dentistry. Knowledge will give us assurance and we will not hesitate to correct false impressions. Let the medical man be superlative, but restrict him to his field as he would confine us to ours. We will gain his respect if we declare ourselves at the proper place and time.

Preventive Dentistry

Practice health dentistry, train your patients in oral hygiene and preach prevention. Prescribe diets when advisable and refer anyone to his physician whenever you suspect physical derangement. Do not accept every remedy offered by detail men, and write prescriptions when advisable. These things help elevate you and your profession. When people discover that you are more than a tooth carpenter, they will always address you as "Doctor."

Eliminate free service from your

practice except for the deserving indigent. Any dentist who does not charge a fee for examinations or consultations hinders our progress. The public must be made to understand that dental information has value. If one does not think so, he should not seek it. Let us not have him assume that he can obtain from us what he expects from tradesmen and mechanics. If the physician examines the throat, the patient expects to pay a fee. If we look into the patient's mouth, let him also expect a charge. He will appreciate our worth and consider us "Doctors." If we do not have sufficient respect for ourselves, we need not hope that others will have it for us. At least, cooperate and respect your profession and those who try to elevate it.

Let those who guarantee their service stop doing so. Who are we that we can guarantee? We are not assured of our own health. Truthfully we can only be expected to correct any condition caused by error or carelessness. The human element must be considered, if we

are to be honest with our patients and ourselves.

It is high time to strengthen the foundations of our professional service, if we are to progress with less hindrance. An *active* committee of the American Dental Association should be appointed to prevent and correct misapprehensions at every opportunity. Let us learn from our mistakes and the successes of others. Begin with the dental student. As freshmen, we were told how stupid it would appear if we spelled pus, p-u-s-s. The student should feel that "Doctors and Dentists" is just as silly.

Dentistry has established itself as a highly scientific pursuit correlated with medicine. Our scientists have advanced with tremendous strides, but the public lacks knowledge of their accomplishments. Permit no one to degrade or defame our profession. We have won our spurs. Let us wear them with pride.

5801 Park Heights Avenue
Baltimore, Maryland

ORAL HYGIENE IS REACHING DENTAL CORPS OFFICERS

FOR MANY MONTHS, ORAL HYGIENE has been mailed to every member of the Army and Navy Dental Corps whose address has been furnished to us. Copies for those overseas are sent by first-class mail. In addition, copies are sent to dental clinics in Army camps and Navy stations in this country, not so many as we would like, due to the paper shortage, but as many as possible. Each DENTAL DIGEST subscriber in service continues to receive the magazine without further charge and will receive it monthly, until his return to private practice.

Judging from letters received from Dental Corps officers overseas, dental magazines are passed from hand to hand until reduced to tatters.

YOUR STORY MAY WIN \$100

Write that story *today*.



If you are a dentist, a dental assistant, a dental hygienist or a patient—we want to know what you are thinking about.



Tell us how the war has changed your dental practice, what you are doing to promote the war effort, or what you think is going to happen to dentistry after the war.



If you have a human interest story about a dentist-hero, about a dentist who is doing something unusual outside of dentistry—a civic leader, an inventor, a radio or motion-picture star—write it down and send it along *today*.



A prize of \$100 will be presented each month for the best article accepted for publication in ORAL HYGIENE. All other manuscripts accepted will be paid for at the regular word rate.

It is important to remember that every article must have a dental angle. Specific articles will be given preference.



Here are a few rules to follow:

1. Do *not* write more than 1500 words.

2. Do *not* strive for a "literary" style. Write down your experiences or those of someone else in a simple, direct manner without padding or digressions.

3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.



Good pictures or drawings to illustrate your article will be welcome.



Your story may win the \$100 prize. Send it today to:

Edward J. Ryan, D.D.S.
Editor, ORAL HYGIENE
708 Church Street
Evanston, Illinois.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

ANYTHING FOR A GAG

A NEWSPAPER in an Army camp carried an item about a soldier who had twenty-three teeth extracted and still found no relief from his pain. The story conveyed the implication that the treatment was needless and inexpert. The item was picked up by the Associated Press and appeared in newspapers of general circulation in this form:

DENTISTRY IN THE ARMY

Hill Field, Utah (AP)—Corp. Al Davis, troubled with an aching tooth, hurried to the base dental clinic. Dentists peered into his mouth, consulted, pulled 23 teeth, but—didn't extract the tooth that sent him to the clinic.

Many of the thousands of people who read this story began thinking and saying unkind things about the Army Dental Corps. These loose remarks grew and multiplied and came to the attention of many dentists in civilian practice. Too many of these dentists looked down their noses and let the inference emerge that this sort of thing was "just like the Army Dental Corps."

This incident is a pungent example of sabotage of a non-violent form. The original story in the camp paper was intended to be funny. The Associated Press editor must have had the same idea. But by the time the story was widely circulated it had lost its local, humorous connotation and had become to many people a statement of fact. This "fact" in turn fostered a doubt in the minds of people about an important part of the military service. By the association of ideas this doubt enlarged to a distrust of other military activities. And so propaganda is born!

This is not an example of deliberate or sinister sabotage and is not the work of enemy agents. It is an innocent distortion, but the people at large accepted the story as an example of inefficiency in the military organization.

The Dental Information Bureau in New York did a prompt job of

uncovering the facts. According to a statement from the Office of the Surgeon General, these are the facts:

Corporal Al Davis, who had suffered from an advanced case of pyorrhea, including a number of root abscesses, had undergone extensive dental treatment, in the process of which 16, not 23, teeth were extracted, only after careful examination showed the utter impossibility of salvaging them. Evidence that the dental service throughout the entire course of treatment had left nothing to be desired is offered in the following statement by Corporal Davis: "I have a perfect set of teeth [dentures], have never had any complaints as to the service given me, nor said anything to cast a reflection on the clinic for one reason; that being that I have received the best and had men work on me that are the finest group of officers I've ever met."

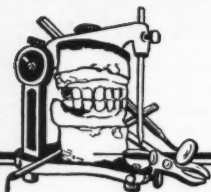
We are not going to lose the war because the gag made print. The Army Dental Corps is not going to be demoralized. The dental profession will not be degraded. The only sufferers are the boys and girls in military service and their fathers and mothers. Some of them will be apprehensive.

All of us have had gags and practical jokes backfire. Situations in our own experience that we thought were screamingly funny were not always affairs of robust laughter to anyone else. We need to laugh and to pass on gags to make others laugh with us. We can't lose our national sense of humor. That is morale. We, all of us, should make the effort to evaluate jokes and gags to be certain that they do not stir up doubts and suspicions of our leaders and of our common objectives as a nation at war. We should be certain that jokes do not spread out of their frame of humor to invade the serious world of fact. Some of them do. Quentin Reynolds, war correspondent recently returned from the theaters of war, says this:

When you return you are laboring under the apparently absurd delusion that we are at war with Japan and Germany. Reading some newspapers, you might be pardoned for thinking that we are at war with Britain and with the President of the United States.

It would be stretching fact to say that the reported experience of Corporal Davis was a matter of national importance. It is of significance only in so far as it is an example of the innocent twisting of an event or an experience out of its proper framework to cause unnecessary distress and uneasiness among a people at war.

Edward J. Ryan



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

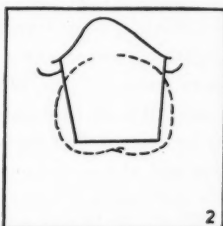
Drawings by Dorothy Sterling

CONSTRUCTION OF A METAL CROWN ON A TOOTH WITH RECEDING GUM TISSUE

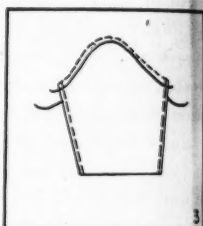
By A. LINCOLN ADELMAN, D.D.S.



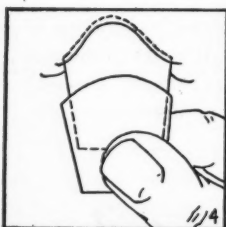
Upper molar with receding gum tissue—to be retained as an abutment.



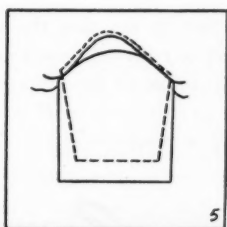
Prepare the tooth in the usual manner for a metal crown.



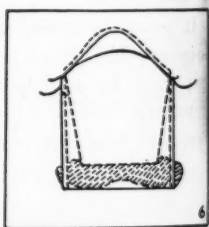
Using 38 gauge platinized gold, make a band to fit under the gum line. Cut the band flush with the occlusal surface. Shape, fit, and burnish.



Cement this band in place on the prepared tooth.



Using 30 gauge gold plate, shape and fit a band over the 38 gauge band, extending occlusally beyond the first band about 2 mm.



Using inlay wax on occlusal surface, have the patient record the bite. Carve the occlusal surface, and cast.

nth

D.S.

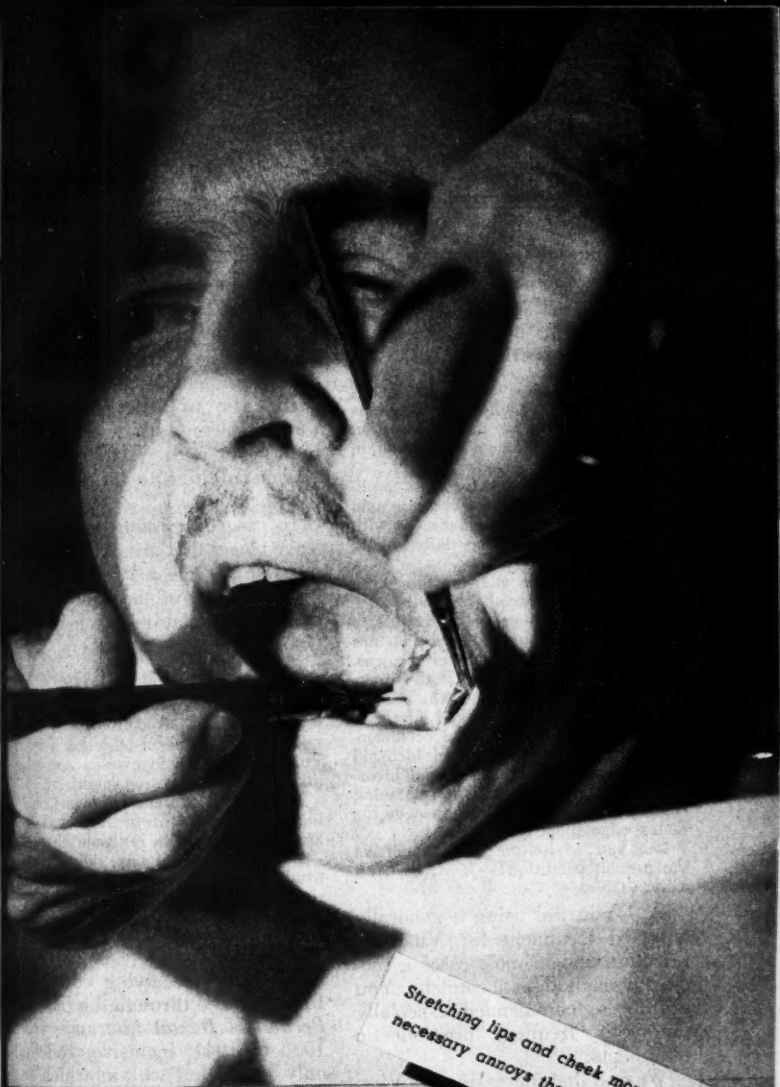
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*Stretching lips and cheek more than
necessary annoys the patient.*

HOW TO KILL A DENTAL PRACTICE



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Vincent's Infection

Q.—I have a patient, a man, age 27, in good physical condition, who seems to have a continuous mouth infection which resembles Vincent's infection in many respects.

The usual treatment for this condition, which I use, includes chromic acid 7 per cent, peroxide wash diluted with 50 per cent water twice daily, bland diet, no alcohol or tobacco.

This treatment in addition to scaling and polishing the teeth only alleviates the condition but does not cure it.

As soon as alcohol and tobacco are used, the infection immediately returns.

The occlusion is poor. Both upper cuspids are congenitally absent. The upper left second bicuspid and first and second molars are in normal occlusion. Upper right first and second bicuspid are in normal occlusion; second bicuspid in lingual occlusion. The remaining teeth are not in occlusion, open at the incisal edge about 2 mm.

Can you advise me how to correct the present condition?—J. M. G., New York.

A.—You are using a generally accepted treatment for Vincent's infection and in most cases a successful method of treatment. You are to be commended especially for your frequent prophylactic treatments.

We find that increasing the Vitamin C intake to at least the equal of a pint of orange juice daily is helpful. Then the home care must be especially thorough so that the

gums will be hardened down to a tight encirclement of the teeth.

In cases of lowered resistance we have cleared up obstinate cases by a course of Vitamin B complex in addition to the rest of the treatment.

In case of missing teeth which leave places that are difficult or impossible to clean well with the brush the use of the rubber interdental stimulator is helpful.—GEORGE R. WARNER.

Aviation And Dentistry

Q.—Several of my fellow officers and myself entered into a discussion on the relation of aviation to dentistry. I wonder if you could give us any information on the following questions:

1. What are the ear symptoms resulting from closure of the bite and how are they affected by altitude changes?
2. What effect, if any, does high altitude flying have upon dental restorations and dental tissues?
3. Why do teeth that are apparently normal react when at high altitudes?—M. L. R., Oklahoma.

A.—Since receiving your letter I have looked through the *Index of Periodical Dental Literature* from 1936 to 1941, inclusive, and find only one reference¹ in which the relation of aviation to dentistry is discussed. This article gives the

¹Willhelmy, C.: Relationship of Overclosure of Mandible to Ear Pains While Flying, *Dental Digest* 47:544 (December) 1941.

answer to your first question; that is, that a less than normal vertical dimension results in ear trouble, and that in a certain case the aviator had no more annoyance after the vertical dimension was increased.

Another article² reported that aviators had bleeding from the gingivae as a result of decreased atmospheric pressure.

An abstract³ from *The British Dental Journal* said, "Complaints of toothache and dental disease, especially acute exacerbations of chronic periodontitis and granuloma, are common among flying personnel." It was said further in this article, "An English airman declared that he and many of his colleagues had suffered from toothache during flying, the pain ceasing on landing. Dreyfuss (L'Odontologic, 1937) recounted a personal observation of a student of aviation to whom he was unable to give adequate dental treatment for lack of opportunity. His teeth gave him no trouble on the ground but when he reached 1,500 or 1,800 metres he always had a severe toothache which lasted until he landed. This was traced to a sub-acute pulpitis in a lower molar and did not occur again after the tooth had been devitalized."

These quotations answer your first, part of your second, and your third questions. The change in atmospheric pressure affects the circulation and hence the soft tissues of the periodontium and a pulp that perhaps is only slightly hy-

peremic, and so thought to be normal. I cannot imagine altitude having any effect upon dental restorations and upon putting the question to many experienced operators I find they have the same opinion.—GEORGE R. WARNER.

Discomfort From Dentures

Q.—A woman of 60 whose teeth were removed and dentures inserted about 30 days later, wore the dentures without any unusual symptoms for about one month. Then she began to complain of a severe pain in the right temporal region during the act of swallowing.

Her mouth shows no irritation and the pain persists when the teeth are removed.

She feels that the dentures are responsible for the pain. I am not sure, and her physician does not seem to find any other cause.

Have you any suggestions?—F. M. H., Illinois.

A.—It is possible that insufficient or unbalanced molar occlusal support is the cause of your patient's discomfort while swallowing.

You can determine this quite simply by the use of modeling compound for temporary rebasing of the dentures. This is usually best done with black tray compound on the lower denture. I use the compound with dry heat and flow it onto the dried tissue bearing surface of the denture. Apply considerable thickness of compound and have it quite soft but thoroughly tempered in water of about 130° F. at time of inserting into the mouth. Have the patient close very gently and mold with cheek and tongue muscles while compound is still soft. Chill and remove.

This should provide an accurately fitting base, with the bite opened

²Oral Manifestations of Occupational Origin, Dental Digest 49:118 (March) 1943.

³Dental Disturbances of Airmen (An Abstract from The British Dental Journal, September 1, 1942.) Dental Digest 48:566 (December) 1942.

somewhat. The patient can wear this for a week or two or even three while you determine whether the pain is relieved by this additional occlusal support. It is sometimes advisable where the pain is all on one side to provide for a heavier occlusion on that side. This can be done either by having the patient close harder on the other side while the compound is soft or by having him close a second time with the compound softened a little on the one side only.—V. CLYDE SMEDLEY.

Gagging

Q.—Some years ago I heard of a mouth wash that would help to correct gagging. I think it was a solution of ammonia water but I am not sure. Do you know of one? I gag when brushing my teeth. I just had a removable bridge made and I can hardly keep it in my mouth on account of gagging.—K. C. O., California.

A.—Spraying the throat with camphor water will usually subdue the gagging sensation sufficiently to permit impression making. In more severe cases, having the patient dissolve an Abbott's A. C. Troche on the tongue is usually effective.—V. CLYDE SMEDLEY.

Diabetic Patients

Q.—Will you please advise me on the management of diabetic patients, as regards dental operations?

The particular patient is a man, 70, who has diabetes, sugar 1.50, recently 2.50. He has had insulin treatment; lost the sight of an eye from a recent cataract operation; has poor color; and needs two upper molars extracted. Would you advise me, a general practitioner, to do that, and what are the precautions to take?—M. R. K., New York.

A.—With the blood sugar under control it is not considered danger-

ous to remove teeth for a diabetic patient and no unusual precautions are necessary.—GEORGE R. WARNER.

Bismuth Sodium Tartrate

Q.—I should greatly appreciate your giving me some information in regard to the injection of bismuth sodium tartrate with reference to the amount and place of injection. Do you advise this treatment in conjunction with local treatment of Vincent's infection?—S. G., Tennessee.

A.—Bismuth sodium tartrate is used in the treatment of syphilis by intramuscular injection of $\frac{1}{2}$ gr. The buttocks is a common place for making the injection. It is also used in the same manner and dosage for Vincent's infection of the mouth. We have not found it necessary to use arsenic or bismuth, in the treatment of Vincent's infection of the mouth, and we have universal success in the treatment of this condition.—GEORGE R. WARNER.

Partial Denture

Q.—I have a patient, a boy, 16. Two years ago he knocked out his four maxillary incisors. Since then he has been wearing a vulcanite partial denture replacing these teeth. He has not been to a dentist in fourteen months. On examination I have found eighteen cavities, only a few of which are in the lower jaw. I believe that the majority of the cavities have resulted from the partial denture. His palatal mucosae and lingual gingivae are hardly inflamed from the artificial restoration.

Would you advise constructing a permanent bridge? If so, of what design? Would three-quarter crowns on both cuspids be satisfactory? His bite is fair.

What type of artificial teeth or facings could be used in a case like this in which, after long use of the bridge and normal resorption has taken place, the

(Continued on page 586)

April, 1944
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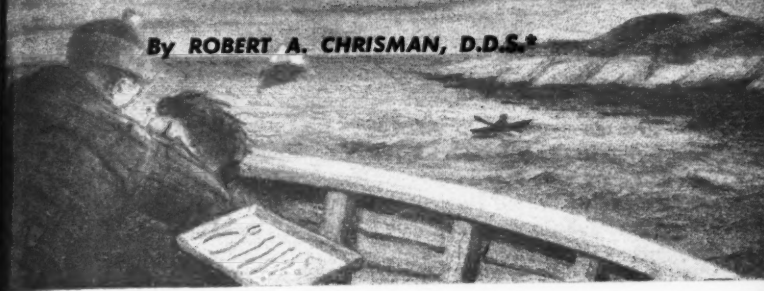
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A LABRADOR DENTIST

By ROBERT A. CHRISMAN, D.D.S.*



Day to day experiences told by dentist for the International Grenfell Association in Newfoundland and Labrador.

A STIFF BREEZE was blowing up from the nor'east on a cold morning in September, as we cast off our lines and eased away from the wharf at St. Anthony, Newfoundland. Outside the harbor we swung inside a solitary iceberg, large for this time of year, turned our bows south, rang the engine room for full ahead, and I went below for some breakfast. Our vessel, the Grenfell Mission's *Maraval*, was a little seventy-ton yacht, schooner rigged, with auxiliary power, and fitted out for medical trips with a dispensary and seven beds. She carried a crew of five, and the medical staff was made up of a

*From author's letter of December 31, 1943: "No telling when this will reach you as it will go out by dog team." The manuscript was received January 31, 1944.—Editor.

young physician from New Jersey, a nurse from Saskatchewan and one from Toronto, and myself.

The Grenfell Mission, with which I am now serving an internship, is the result of the work of the late Sir Wilfred T. Grenfell, a British physician who came out to the Labrador coast fifty-two years ago last August. At that time there were no physicians, no nurses, no schools in all of Labrador and conditions in Newfoundland were not much better. Through Sir Grenfell's efforts the Mission has grown to include hospitals and nursing stations, schools, farms, and industrial workshops, providing for some fifty thousand inhabitants of this bleak and wintry coast.

At present I am the only dentist in this entire area, and during the

past week I have had patients from Nain, Labrador, the farthest northern outpost, as well as from St. Johns, the capital of Newfoundland, some 300 miles to the south.

The trip of which I am writing was made to "clean up" the White Bay district of Newfoundland, a 250-mile stretch of barren, windswept coast, dotted with tiny fishing villages and settlements. Since travel is possible only by the monthly coastal vessel or by small open boat during the summer months, and by dog team and komatik in the winter, it is very difficult for most of these people to get to a physician or a dentist: and by the same token, we are able to make, at most, one trip a year to them. There had not been a dentist in this district for three years, so I was anticipating miserable conditions, but the mouths I examined every day for two weeks were absolutely beyond description. The people know nothing of oral hygiene, of course, and their mouths are incredibly filthy; the teeth almost hidden by deposits of calculus and food particles. Suppurating pyorrhea pockets around every tooth are more the rule than the exception.

Self-Diagnosis

They have, moreover, an extraordinary ability to diagnose their own condition, the basis for which I have never been able to discover. I often look into a fisherman's mouth and am greeted by an appalling assortment of dirty,

blackened, carious, broken-down "scraggs." Out of this amazing array of miserable stumps he will have selected two—or three—which he wishes extracted. On being asked if they ache or if he "finds" them—the local expression implying pain—he answers, "No, sir, but I wants out this 'un up on the 'hinside and that one down in 'hunder." This is the most information I usually can elicit, so I just grab a syringe, inject as many as I think wise, and "haul away."

Aboard the *Maraval*, I set up my dental clinic on the after deck, using a straight chair, the companion-way door for a headrest, and the sliding hatch cover for an instrument tray. My nurse, who had extracted many teeth herself when there was no one else at her station to do it, kept my instruments clean, ran my business office in a small black notebook, and held the patients' heads over the rail—the Atlantic Ocean serving as a cuspidor.

My first good "run" of extractions came on a warm Sunday morning, the second day out. We anchored off the Horse Islands, and lay there rolling in the heavy ground swell while the people came out to us in small boats; boarding us like a horde of raggedy pirates and swarming all over the decks. They sat around on the rail, watching the performance and waiting their turn, while I braced myself against the pitch and the roll and extracted teeth as fast as I could fling them overboard. Between

COMPARATIVE DENTISTRY

"So what if your teet' are whiter than mine? Mine are smaller—see—yours won't even go into my mout'." I feared that my imagination was getting the better of me. The physician in charge of the International Grenfell Association's Canadian Labrador Hospital told me when first I started my dental service there that I would see and hear some strange things before I left the coast. But this was too much, could my four denture patients really be trying in each other's dentures? I looked into the kitchen. They could and were so doing—without even troubling to flick off the excess saliva that hung on from the last fellow's mouth!

Apparently arguments as to the sizes of dentures had been going on for years there, but arguments as to the shade of teeth began only when I added four light shades to my order for last winter's supplies.—*Robert L. Betts, D.D.S., Saint Anthony, 1942.*

eight-thirty and eleven in the morning, I had seen twenty-eight patients and had extracted seventy-eight teeth. We then hauled up our anchor and cruised on to our next stop down the coast, La Scie, where we tied up for the evening. We worked until after dark, and by ten o'clock I had increased the number of extractions to ninety-eight.

For the next few days the program was the same. We would be off at sunup, cruise along the coast making two or three stops during the day, and see as many patients in each settlement as time would allow. In this manner we worked our way down into the far southern end of White Bay. The names

of the villages show the French influence, as well as considerable local imagination. We called in succession at Ming's Bight, Coachman's Cove, Fleur-de-Lis; and farther on down the coast at Wild Cove, Seal Cove, and even Bear Cove.

The quart of prepared procaine I had brought along for the trip lasted just three days, but we were fortunate in having plenty of procaine tablets and adrenalin. Pure water to make up our solution was something of a problem until someone had the happy thought that all engine batteries carry distilled water. So we took all our own engineer would let us have, and begged enough from boat owners in the

CHARMS POPULAR IN FAR NORTH

Despite the constant demand for dental service dentistry took a hard sock on the chin two summers ago. Coincidence brought the Scottish dentist from St. Anthony, and me, to a Newfoundland Labrador nursing station at the same time. Traveling conditions held us there for several days and everyone in the village knew of our presence. Yet, the second day of our stay, a woman who lived not a stone's throw from our forceps walked two miles to have an aching molar *charmed!* The sorcerers charm cost her fifty cents, cash in advance, while either of us would have been glad to cast a permanent charm for her, using procaine and cold steel, for a quarter.

The art of charming teeth is still practiced along the coast though it does not flourish as in days of old. Through some fluke of the charm, possessors of teeth so treated occasionally found it necessary to call on me. They always indicated which teeth had been subjected to the magic power and advised me that those members would be particularly difficult to remove. Being a smart fellow and having no faith in witches' potions, I always laughed heartily at that suggestion and then always had a terrific time getting the tooth out.—*Robert L. Betts, D.D.S.*

larger villages to brew up a considerable supply of anesthetic solution. We used sterile linen napkins for filters, but I don't recommend the technique, since our end result looked much like dirty orange pop.

Loses Forceps

I had my biggest single day at Jackson's Arm, a village of over 200 families, where I saw fifty-nine patients in twelve hours, and extracted 145 teeth! It was there that my cow-horn forceps was knocked overboard in twenty-five feet of

clear icy-cold water, so when I discovered it lying on the bottom I promptly suspended dental operations and went into the diving business. No one swims in this country, and diving to such a depth is an unheard of feat; so by the time I had stripped down to my shorts, half the village was down on the wharf to watch this extraordinary performance. I climbed up into the rigging, grasped a big rock in my arms, gritted my teeth and dived. The rock took me to the bottom in a hurry, and I grabbed the forceps and headed for

fresh air as fast as I could. The crew hauled me up over the rail, shivering and half blue, and I kept my eye on my instruments rather carefully for the rest of the trip.

When it was necessary to work after dark, we rigged up an extension cord from the after cabin, and hung the bulb on the main boom so it swung just over my head. With the aid of a flashlight for the molar regions, I got along nicely, despite the weird shadows as our little vessel rolled and pitched. One night we put on what must have been a spectacular show. At about ten o'clock a boatload of patients from a neighboring cove came alongside—fourteen for me and one for Doctor Loomis. Seeing my plight, he and his nurse came to my assistance, and we put the extraction business on the production line. His nurse filled and passed him syringes, he injected as fast as he could, I hauled the

teeth and tossed them overboard, and my nurse held their heads over the rail, cleaned the forceps, and collected their money; all by the light of a single electric bulb, as we lay rolling in the long Atlantic swells.

Day by day, we worked our way back north up the coast, calling at picturesque Coney Arm, Little Harbor Deep, Hooping Harbor; and then back to St. Anthony.

We had had two weeks of remarkably fine weather, and had been delayed only one day by fog and bad going. Twelve days after we put out we arrived back at our "base" hospital, and in that time had traveled some four hundred miles, I had seen 343 patients, and had done 885 extractions—to set a new all-time high on the records of the Grenfell Mission.

St. Anthony

Newfoundland

ENGINEERS IMPROVISE FOR DENTISTS

THERE IS a great advantage for a dentist in being attached to an Engineers' Regiment in the opinion of Captain Alex Grower of Portland, Connecticut, who is now stationed in England. The engineers can make dental instruments and equipment that are otherwise not obtainable.

"Sometimes equipment is slow in arriving overseas," Captain Grower explained, "but we never worry about that. So far the engineers have built or created everything I've asked for, and done a mighty good job."

Among the items Captain Grower mentioned as made to order by the engineers are a hydrocolloid mixing syringe, chisels, curettes, adaptors for lights, electric motors for drills and parts for handpieces.

"I usually draw a diagram of what I want or show the men a picture of the instrument or equipment in the dental journal," Captain Grower said, "and they use whatever materials they have on hand to turn it out."

ASK ORAL HYGIENE*(Continued from page 580)*

teeth or facings could be removed and replaced with more aesthetic teeth.—J. W. K., New Jersey.

A.—I would say that it is unsafe to do much cutting on the cuspid teeth of this patient for bridge attachments. At his age the pulps are large and the dentine porous so that cutting adequate retention for such a long bridge would endanger the life of the pulps.

If a partial denture is so constructed that it does not impinge on the gingivae or the teeth there should be no resulting caries or injury to the gingivae. We have many similar cases in which no damage has occurred to the remaining teeth. When the boy is about 20, pin ledge attachments can be made to the cuspid teeth and trupontic porcelain teeth used to replace the missing teeth. This will make a strong bridge with good esthetics and a minimum of damage to the cuspid teeth.—GEORGE R. WARNER.

Cracked Dentures

Q.—I wish to obtain information concerning some prosthetic difficulty which has happened to me several times.

I have three cases which seem to crack in half while in the mouth. The patients are able to eat well and the dentures stay in place at all times. The upper and lower dentures are made of acrylic. I have checked the bite and have relieved all hard areas and yet they crack.

I should appreciate an answer as soon as possible as my patients are getting rather disgusted.—R. J. W., New York.

A.—Patients whose dentures crack through the median line exert unusually heavy muscle force

or have the teeth set to occlusal contact too far buccally which exerts a splitting leverage.

We have never had such a case that we could not control by making either a wipla or vitallium palate with the teeth occluded and set pretty well over the ridges and with the lingual cusps in heaviest occlusion.—V. CLYDE SMEDLEY.

Lingual Injection

Q.—The other day I had the most unusual experience:

A patient, a man of 24, had an upper first molar with a deep MO cavity. A roentgenogram shows a near exposure. When I attempted to prepare the MO cavity the patient experienced great pain. A local infiltration anesthetic was given. The pain persisted. A second local buccal anesthetic was given and the pain still persisted, even though no attempt was made to clean out the cavity at this time. A third local anesthetic was given, this time with a different type solution, and a lingual injection was also made.

Immediately upon application of the lingual injection the patient said, "It's OK now, I cannot feel a thing." Thereupon the cavity could be prepared with complete comfort. Subsequently the tooth was removed as it had an exposure with more caries left.

Will you please explain this mixup? Why did the first or second or even third injection not work until the lingual took effect? Please note that while the tooth was sensitive after the anesthesia, the patient had all the other symptoms of anesthesia.—I. R. C., Ohio.

A.—The tuberosity injection should affect all three roots of an upper first molar but with infiltration we do not expect to get the lingual root from a buccal injection. The lingual roots usually extends so far lingually that a lingual injection is necessary to reach it.—V. CLYDE SMEDLEY.

Important for dentists!

YOUR FOOT CHANGES SHAPE FIVE TIMES WITH EVERY STEP



With Wright Arch Preserver Shoes, up the street or around the office, your feet walk the way they want to . . . an easy swing from heel-to-toe, with the weight of the body on the outside. They're different . . . 14 patented ways different. They're made to accommodate every change of your feet. Try on a pair of these "only shoes of their kind" at your nearest Wright Arch Preserver store. If you don't know the address, write us for it and for your copy of our new illustrated booklet. E. T. Wright & Co., Inc., Dept. No. H-4, Rockland, Mass.



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For the relief of headache, odontalgia, neuralgia, and post-operative pain following tooth extraction, arthritis and similar annoying pains, many dentists find that U. D. Monacet Compound Tablets are indicated.

Here is the effective formula:

Aspirin 3½ grs. • Acetophenetidin 2½ grs. • Caffeine ½ gr.

The utility of aspirin for reducing temperature and soothing pain; of acetophenetidin for the same purpose but with speedier results, are well known. Taken alone the caffeine is a mild cardiac stimulant but in this compound formula it has synergistic properties which enhance the pain-relieving power of the other ingredients.

U. D. Monacet Compound Tablets—product of the United Drug Company's famous Department of Research and Control—merit a trial in your practice when a simple analgesic is indicated. Available at all Rexall Drug Stores, where trained pharmacists stand ready to fill your prescriptions exactly as you write them, you can always depend upon the quality and freshness of U. D. Monacet Compound Tablets and other U. D. products. For safety, convenience and economy, may we suggest that you use the facilities of your friendly neighborhood Rexall Drug Store.



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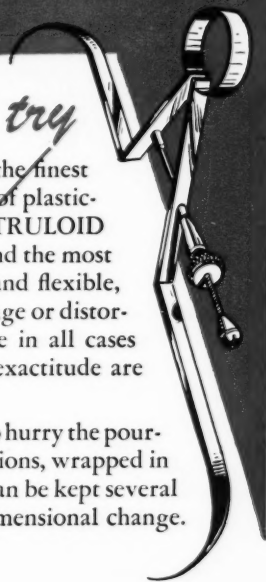
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PRECISION

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... the foundation stone of successful restorations... TRULOID insures the ultimate in accuracy of pattern down to the finest anatomic details. With its extended range of plasticity at comfortable mouth temperature, TRULOID goes readily into the tiniest interstices and the most severe undercuts. Because it is tough and flexible, and pulls out with no danger of breakage or distortion, TRULOID is the logical choice in all cases where ease of operation and strict exactitude are essential.

Best of all, it is never necessary to hurry the pouring process... TRULOID impressions, wrapped in a moist cloth or stored in water, can be kept several hours without any danger of dimensional change.



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Laffodontia

Young Oswald had just been enrolled at a "progressive" school. His grandmother, who did not quite "take" to the newer knowledge was asked how the boy was getting along and what he had learned.

"Oh, he's progressing nicely" she replied. "He has learned that he will have to be vaccinated, that his eyes aren't mates, that his teeth need repairing, and that his method of breathing is entirely obsolete."

★

Doctor: "Wait a minute, you are too quick; I didn't tell you to say 'Ah.'"

Patient: "I know you didn't. I just caught a glimpse of your nurse."

★

"How do you like your job as a salesman?"

"Oh, it's dandy. You meet some fine fellows at the hotels and have lots of fun in the evenings, but what I don't like is calling on all those store managers."

★

Judge: "You are accused of hitting this Chinese over the head with a vase. What is your reply to this charge?"

Prisoner: "Well, your honor, he was threatening me in broken English, so I replied with broken China."

★

Officer (to man pacing the sidewalk at 3 o'clock in the morning): "What are you doing here?"

Gentleman: "I forgot my keys, officer, and I'm waiting for my children to come home and let me in."

"Why are you looking so fed-up?"

"I bought a book called 'How to Make Love,' and now I don't know what to do."

"Why?"

"Well, it says you take the girl's hand, look into her eyes, and say: 'I love you, Beatrice.'"

"What's wrong with that?"

"My girl's name is Lizzie."

★

In a civil service examination given in New York some time ago, one of the questions asked was the following:

"If a man buys an article for \$12.25 and sells it for \$9.75, does he gain or lose by the transaction?"

One of our modern young sweet things, with good looks unmarred by brains, after studying for a while, gave the following answer:

"He gains on the cents but loses on the dollars."

★

Hard boiled captain: "Your name?"

Timid private: "Jones, sir."

Captain: "Your age?"

Private: "Twenty-four, sir."

Captain: "Your rank?"

Private: "I know it, sir."

★

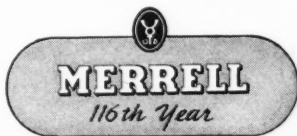
The dairy farmer caught his city-bred helper offering a pail of milk to a cow. "Hey, what are you doing there?" demanded the farmer. The C.B.H. replied: "Well, it looked so darn thin I thought I'd better run it through her again."



MY PET PATIENT, contributes Dr. E. B. O.,
 "is a flip young thing who smears on lipstick
 with such a heavy hand that after a few min-
 utes' work *my hands* look like a sign painter's.

"Her understanding of the English language
 amazes me, though. When I complimented her
 clean teeth by saying 'You must have followed
 my advice about using the only dentifrice con-
 taining sodium ricinoleate to peptize the ad-
 herent mucin and make it more readily re-
 movable with a brush,' she gurgled,

"'You bet, Doc, it's Detoxol for me!'"



DETOXOL TOOTH POWDER

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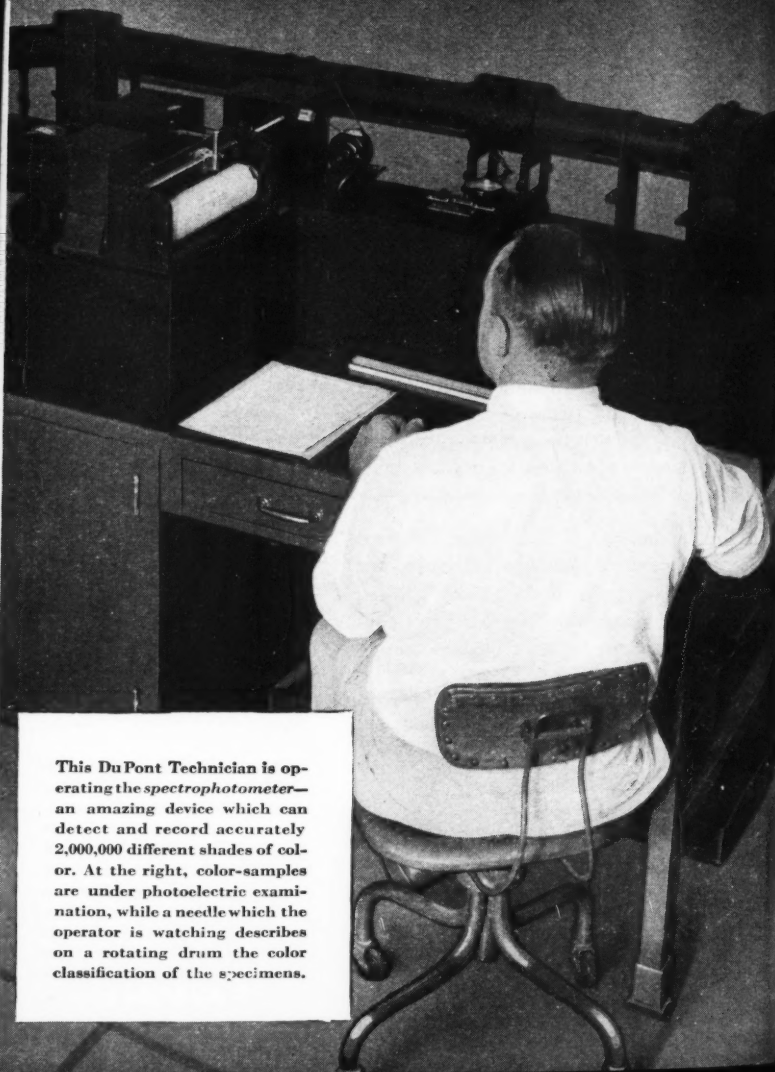


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CAPTURING



This DuPont Technician is operating the *spectrophotometer*—an amazing device which can detect and record accurately 2,000,000 different shades of color. At the right, color-samples are under photoelectric examination, while a needle which the operator is watching describes on a rotating drum the color classification of the specimens.

NG NATURE IN THE "PINK"

Color Control Imparts Living Gum-Tints to "Lucitone" Denture Material

Shown at left is a *spectrophotometer*, an ultrasensitive electronic device, used by Du Pont in studying color. This is but one of a number of scientific instruments for accurately determining thousands of hues and shades for many chemical products such as fabrics, plastics and denture material.

Life-like gum pinks for "Lucitone" is one of the many perfection-wise standards which Du Pont maintains in processing its denture material. Test lots of "Lucitone" have passed arduous tests for hardness, durability, impact and tensile strength. Acidity tests, to certify its resistance to oral secretions. Even an accelerated sun-ray test, to make sure its real gum color—once there—won't fade.

Your patients may experience with confidence the mechanical and esthetic comforts of dentures made with this superior product. For, all the vast experience of Du Pont chemistry is crystallized in each "Lucitone"-made denture you specify. E. I. du Pont de Nemours & Co. (Inc.), Plastics Department, Arlington, New Jersey.



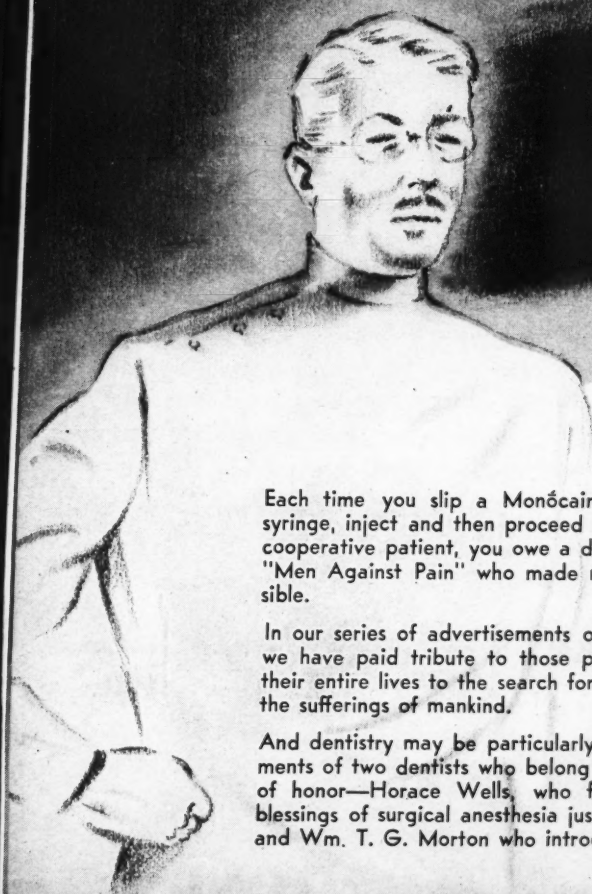
"LUCITONE" is the trade mark on the only methyl methacrylate resin denture base material completely processed by Du Pont. "Lucitone" is distributed solely by the L. D. Caulk Company, Milford, Delaware.



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Men



EINHORN

Each time you slip a Monócaïne Anestube into your syringe, inject and then proceed to work on a pain-free, cooperative patient, you owe a debt of gratitude to the "Men Against Pain" who made modern anesthesia possible.

In our series of advertisements on "Men Against Pain" we have paid tribute to those pioneers who dedicated their entire lives to the search for methods of alleviating the sufferings of mankind.

And dentistry may be particularly proud of the achievements of two dentists who belong at the top of this role of honor—Horace Wells, who first demonstrated the blessings of surgical anesthesia just a hundred years ago and Wm. T. G. Morton who introduced ether anesthesia.



The "E" Flag was conferred upon our Brooklyn Plant

**For Excellence in
Production of Local Anesthetics**

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Men Against Pain



We, too, have devoted all our efforts to the progress of anesthesia. For more than 30 years our research chemists have toiled to pluck new combinations of molecules from the unknown—to make local anesthesia ever safer, ever more effective. Of more than 40 new local anesthetics developed by our own "Men Against Pain," Monôcaine has proved its unique safety and efficiency in tens of millions of injections in all types of operative procedure from simple extractions to major surgery; on all types of patients, the young and the old, the sick and the well.

And — though Monôcaine is a great forward step, the lights burn far into the night in our experimental laboratories; our chemists seek constantly for better and better local anesthetics.

You, doctor, are also a Man Against Pain. You, too, bring your patients that "great blessing" when you Blackout Pain with Monôcaine.

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These little discs are a must
have for all particular operators.
I cannot imagine a prophylaxis
treatment where there is a satis-
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in the United States Thinks of



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THE Small, Knife-Edged Discs
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in the sulci of teeth, fillings and
inlays; in interproximal spaces
and other tight places. Use wet
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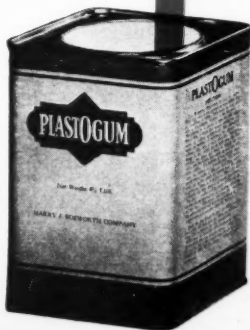
Superior to plaster for cor-
rective impressions

Finer for compound tray
wash impressions

For *exact* registration of the finest detail in full denture work, use Plastogum—the *easy-to-use* impression material. Plastogum is highly accurate. It is unequalled for recording the periphery and muscle trimming. It is far superior to plaster for corrective or wash impressions.

Once you have taken an impression with Plastogum you will always keep a can on hand for immediate use. Why? Because it is simple to mix and handle. It won't crumble or soften from absorption. It's economical and that is *important* these days.

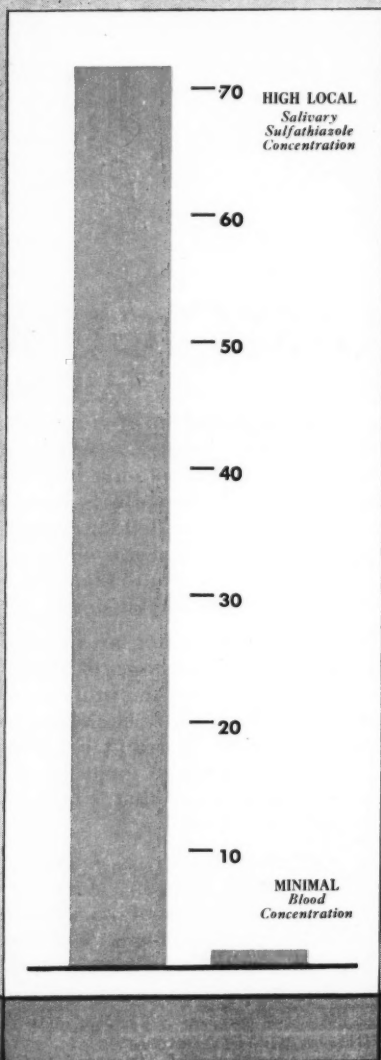
Patients like its pleasant flavor—the quick, easy way you take impressions without discomfort to them. We're so sure you'll find Plastogum indispensable in your practice we'll gladly send you a **FREE** sample. Write today.



**FREE
Sample**

HARRY J. BOSWORTH COMPANY

1315 SOUTH MICHIGAN AVENUE • CHICAGO, ILLINOIS



CHEMOTHERAPY

ON THE

SPOT

WITH

White's
Sulfathiazole
Gum

THIS new technique of local chemotherapy makes possible a high *topical* concentration of dissolved sulfathiazole throughout the entire oropharyngeal area—and for prolonged periods. Yet even with maximal dosage—and even in children—blood levels of the drug are so very low that there is minimal risk of the untoward reactions frequently associated with *systemic* treatment with sulfonamides.

One tablet, chewed for one-half to one hour, promptly initiates a high salivary concentration of locally active (dissolved) sulfathiazole—and *maintains* throughout the maximum

chewing period an average concentration of 70 mgm. per cent.

Yet an average adult, chewing a total daily dosage of 8 tablets, for as long as an hour each, does not develop a blood level of sulfathiazole greater than 1 mgm. per cent.

The advantages of this new technique for treatment of sulfonamide-susceptible infections of oropharyngeal areas are obvious. White's Sulfathiazole Gum is supplied in packages of 24 sanitaped tablets, in slip-sleeve prescription boxes—on prescription only. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, New Jersey.

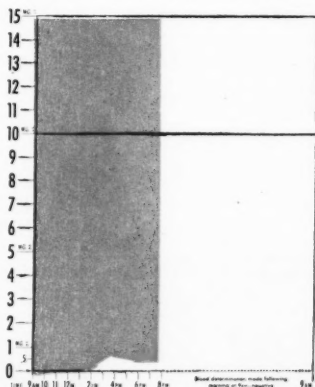
Generally maintained blood level in systemic therapy: 5 to 15 mg. per cent (average 10 mg. per cent.)

Chart contrasts sulfonamide blood level commonly maintained in systemic treatment, with that attained even with maximal dosage of Sulfathiazole Gum.

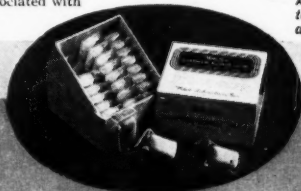
White area represents the sulfathiazole blood levels in an adult group (average weight—153 pounds), each chewing 24 Sulfathiazole Gum Tablets over a 12-hour period. (Two tablets chewed every hour for one-half hour.) Sulfathiazole blood determinations were done at the intervals indicated on the base-line of chart. At no time was a level even as high as 1 mgm. % reached.

In an experimental group of children and adolescents, each of whom chewed 12 tablets of White's Sulfathiazole Gum, each tablet for one-half hour every hour, similar low blood levels were attained.

Since, in systemic therapy with sulfonamide compounds, blood levels of 5 to 15 mgm. % (averaged in green portion of chart as 10 mgm. %) are often maintained, the use of White's Sulfathiazole Gum—even with maximal dosage—virtually obviates toxic reactions frequently associated with systemic treatment.



Average blood level attained with maximal dosage of Sulfathiazole Gum.

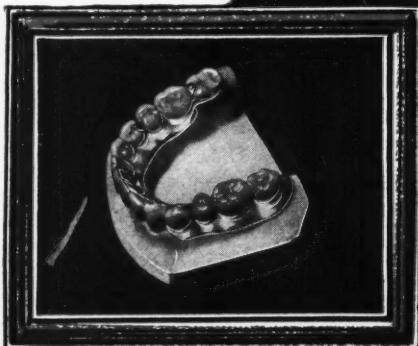
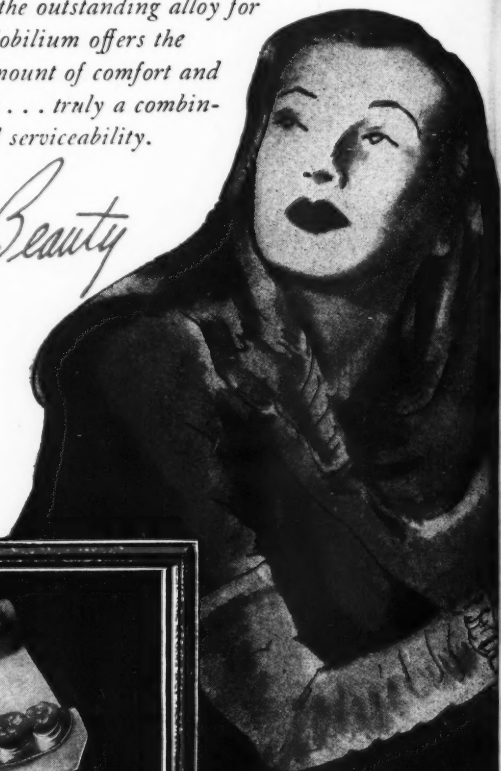


White's Sulfathiazole Gum

"As pretty as a picture" is not enough in a cast partial denture . . . for it has a greater purpose to perform. A cast partial must not only look good and have the proper esthetics, but it must fit to perfection. Nobilium, having greater strength than precious metals, has a resiliency that makes clasp adjustability possible without fear of breakage.

The Dental Profession has come to look upon Nobilium as the outstanding alloy for partial dentures. Nobilium offers the patient a greater amount of comfort and esthetic appearance . . . truly a combination of beauty and serviceability.

a thing of Beauty



There is an authorized Nobilium Laboratory near you . . . at your service.

NOBILIUM PRODUCTS, INC. • Philadelphia • Chicago

PELTO
Perfect gen
cleaned, p
\$36.50; W
PELTO
Still the o
permitting
For wall
\$76.00; W

"LOOKING" LIGHT FOR THE OFFICE

Save
your eyes
BOTH

EFFICIENCY
COMFORT

And "SEEING"
LIGHT FOR THE MOUTH



PELTON CEILING LIGHT

Perfect general illumination; no glare, no heat; easily cleaned, permanent Duranite finish. Eastern zone, \$36.50; Western zone, \$40.50.

PELTON "E & O" LIGHT

Still the only oral cavity illuminator with flexible arm permitting direct light on upper as well as lower teeth. For wall or unit, in matching finish, Eastern zone, \$56.00; Western zone, \$79.50.

PELTON

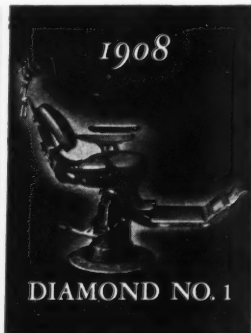
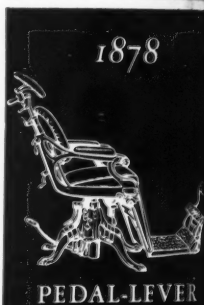
Dental Lights

THROUGH THE YEARS *with S.*



DR. JAMES SNELL is given credit generally for designing the first dental chair in 1832. That Dr. Samuel S. White identified himself early with operating equipment is revealed in advertisements of 1847 which announced that he had "headrests adapted to any kind of chair" and in 1849, "operating chairs of various patterns." In 1860 he announced a chair of his own design, and from that year on S. S. White developments in operating equipment have been many and important.

THE S. S. WHITE DENTAL MFG. CO.



with S.S. White Chairs

1872



MORRISON

1876



S. S. WHITE

1877



WILKERSON

1878



SWINGING

1884



CYCLOID

1897



DUPLEX LIFT

1935



DIAMOND NO. 3

1940



MOTOR

1844

*A Century of
Service to Dentistry*

1944



HOW MEMORY WORKS

Recollection is determined by depth of impression and strength of association. To remember or recall the past experience must be suggested by the present.

From: *Encyclopædia Britannica*

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Are You Using This

PSYCHOLOGICAL TECHNIQUE

TO MAKE OFFICE TIME MORE PRODUCTIVE?

If you merely **TELL** the patient how to brush his teeth he can only **HEAR** you—has no **OBJECT** to remind him. The impression in Memory is weak. Office time spent in such instruction may be entirely wasted.

But if your words and ideas are associated with an object he can feel, smell and see—as with Pycopé brush and powder, the objects he is to use—the memory of your instruction recurs daily, everytime he sees his Pycopé brush and powder.

HOW TO BUILD GOOD WILL This is simple psychological technique that may be profitably used by every dentist. You need no longer wonder if it is worth office time to give instruction. You know that every word, every minute devoted to instruction *does* build up good will, if associated with an object of familiar daily use.

The Pycopé user has a daily reminder of you—and what you did for him!

PYCOPE

Pronounced PY-KO-PAY



Pycopé Tooth Powder bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.



Pycopé brush designed on professional lines: 6 tufts, all head, firmly held.

TOOTH BRUSHES AND TOOTH POWDER

The Key to Greater Conservation of DENTAL PULP



The Popularity of
SILV-O-DENT
with thousands of
Dentists for 25
years PROVES
"There is No
Substitute for
Quality."

OXY-EUGENOL SILVER

SETS HARD IN
4 TO 7 MINUTES
... PROTECTS PULP

Ideal for tempo-
rary fillings in vi-
tal posteriors, and
for all fillings in
children's teeth.

Send for Free
Technique Book.

SILV-O-DENT CO.
1708 N.E. Alberta St.
PORTLAND 11, OREGON



MORE THAN 400,000 PACKAGES
HAVE BEEN SOLD AND USED

Crescent

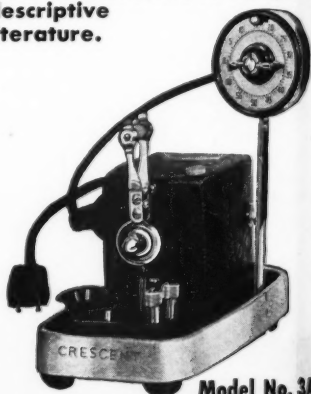


WIG-L-BUG

Pat. May 21, 1940

This Wonder Electric Mortar and
Pestle is a real **COST CUTTER!**
It saves your time by requiring
only 7 to 10 seconds to triturate
enough amalgam for an ordina-
ry filling. It eliminates waste by
saving both alloy and mercury.

The Wig-L-Bug assures better,
faster, more successful fillings
with your favorite alloy. It elim-
inates much of the human ele-
ment, all mixes having a smooth,
fine texture. Write for complete,
descriptive
literature.

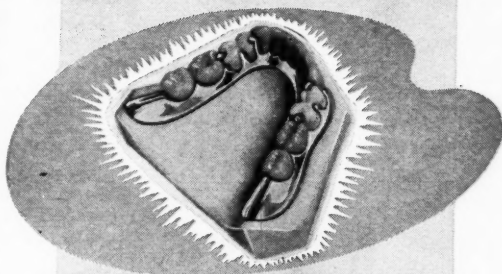


Model No. 3A

Through your dealer or direct

CRESCENT DENTAL MFG. CO.
1810 E. CHICAGO AVE. CHICAGO

DEE



FOUR

DEEFOUR gave to Dentistry the first and only true gold type of alloy for cast partials.

Its perfection in elemental balance established a standard which has never been excelled.

It has consistently qualified in general practice for physical efficiency through more than 25 years.

Dependably uniform . . . the same yesterday, today, and tomorrow.

Please ship your scrap gold now . . . It is ammunition

GENERAL OFFICES

AND PLANT

1900 W. KINZIE ST.

T H O M A S J.
DEE & CO.
Precious Metals
 CHICAGO

DOWNTOWN OLD GOLD

AND SALES OFFICE

55 E. WASHINGTON ST.

Dentures that cover the Retromolar Pads ... without Tissue Displacement

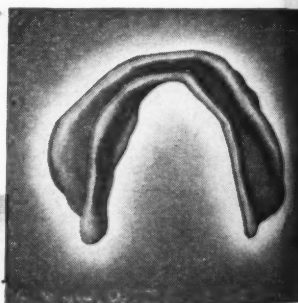


The dental profession has attempted for years to build well fitting and comfortable dentures that covered the retromolar pads.

Failure has usually been due to the fact that such impressions were taken under compression with consequent displacement of soft tissues.

Konformax Impression Material is the answer to this problem because it takes impressions without tissue displacement. It has sufficient flow to allow soft tissues to retain their normal positions. No gagging or heat generation occurs during setting. Chilling is unnecessary.

No dimensional changes occur in impressions after the latter leave the mouth. No immersion in water or chemical solution is necessary. Impressions may be poured any time within thirty days.



KONFORMAX DIVISION,
PERMATEX COMPANY, INC.,
Brooklyn 29, N. Y., U. S. A.

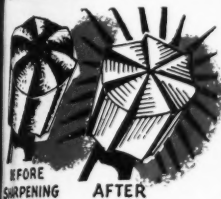
Send copy of new Konformax Impression Material folder to:

Name Street
City State

Pads
ment

BURS!

ARMY AND NAVY,
TOO, USE
MULLEN—
SHARPENED BURS



BEFORE
SHARPENING AFTER

Yes, you can get them resharpened . . . just like new . . . by sending your old burs through the regular Mullen grinding process: First, burs are sorted. Those satisfactory for sharpening are then ground by experts to keen new edges. Special high-speed, precision grinding stones run through water-filled sponges. This keeps burs cool, so there's no loss of original "temper." Result: The best equipment of all . . . a bur that really cuts! Assures faster, easier, painless work. Price, \$3.50 per gross. Unconditionally guaranteed. Send a box full of your old burs today.

\$1 Trial

Special! Send 4 dozen Burs. Resharpened like new for only \$1. (Introductory only) Guaranteed Fully.

HANDPIECE REPAIRS

Wobbly handpieces annoy you . . . and pain patients. We remove all old parts. Then "lap in" new parts to micrometer fit! Smooth quiet operation like NEW! Contra - Angle 3.85. Straight Handpiece 9.00. Unconditionally guaranteed.



Mullen Bros., 153 W. 69th, Chicago

STERODENT

ready mixed **CLEANSER** saves time

A product proven by over Seventeen Years of use by thousands of dentists.



Time is money! Conserve your time by using ready-mixed Sterodent Cleanser

OraClenz Coagulent Mouthwash

speeds up the cleaning technique

OraClenz Tablets are included free with Sterodent. Pleasant OraClenz mouth-wash strips teeth of mucine quickly, shortening the cleansing and polishing operation.

**STERILE
PRODUCTS CO.**

ORDER TODAY
FROM
YOUR DEALER

**SAN DIEGO
CALIFORNIA**

A soft, comfortable

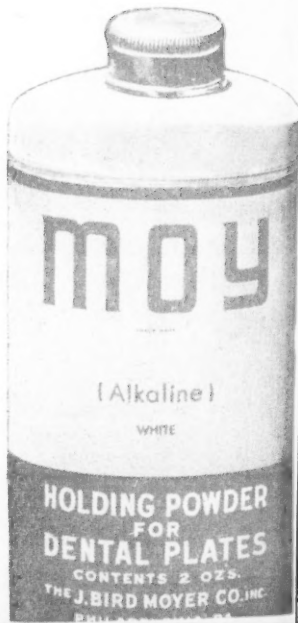
CUSHION

for denture wearers!

Perhaps you don't think of a holding powder as a *cushion*. Yet MOY is exactly that . . . a soft, yielding buffer between the hard denture and tender mouth tissues.

In addition to holding teeth tightly in place, MOY contributes to mouth comfort in other ways. It soothes sore gums, helps prevent gagging and nausea—keeps breath pleasant. MOY leaves no gummy residue—and it won't show thru translucent dentures. Recommend MOY particularly to *new* denture patients. It helps them thru the difficult period of adaptation comfortably and pleasantly.

THE J. BIRD MOYER CO.
1210-14 Vine Street
Philadelphia 7, Pa.



HEY *Simplify* YOUR WORK

KERR

DEBUBBLIZER Reduces surface tension and flows investment smoothly over whole wax pattern. Prevents excessive temperature rise. Eliminates bubbles.

KERR

SUPER-SEP Plaster, stone or investment may be poured against it immediately after application but will not adhere. Dries immediately—no film. Non-inflammable.

KERR

ABRASIVE PASTE Speeds grinding operations on artificial teeth, crown and bridge abutments. Prevents heating and promotes patient comfort.

KERR

DENTURE-SORTEC Locates and measures denture shrinkage, imperfect occlusion, and muscle interference; indicates proper seating of all restorations. Tasteless, harmless.

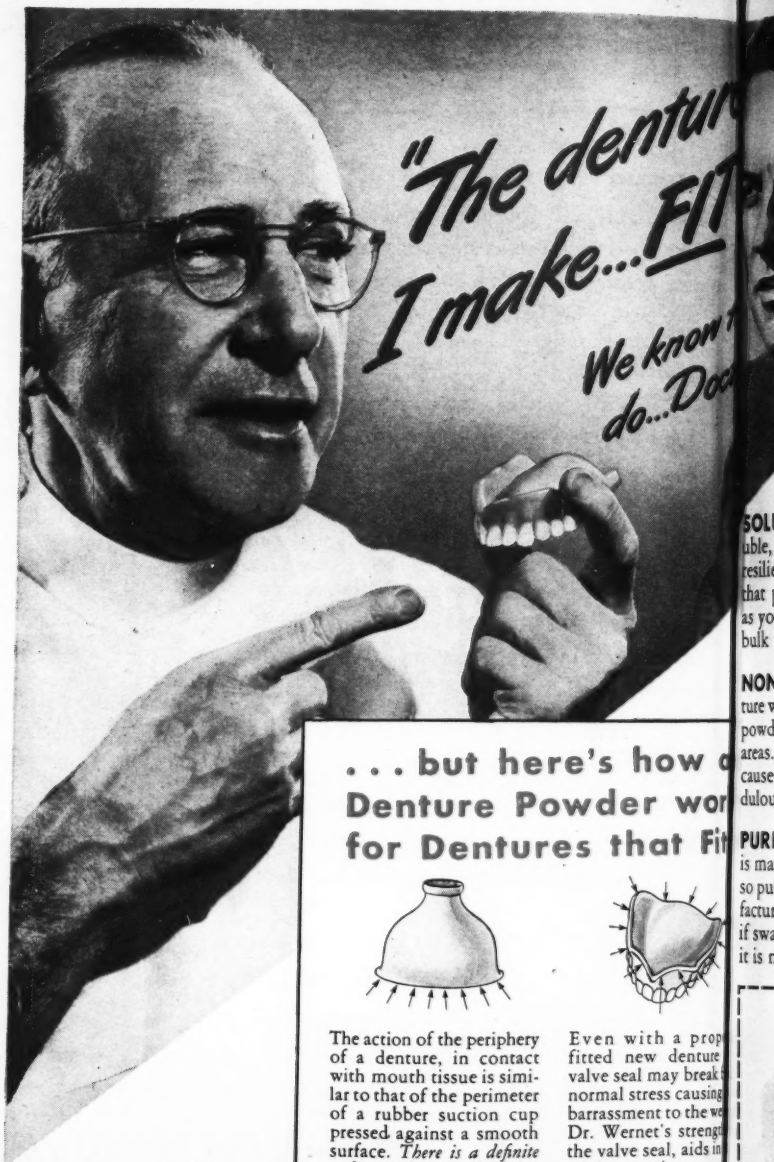


KERR DENTAL MFG. CO., Detroit 8, Mich.

Established 1891

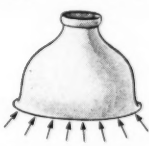

KERR
REG. U.S. PAT. OFF.

DENTAL PRODUCTS



*"The denture
I make... FIT
We know
do... Doc"*

**... but here's how
Denture Powder works
for Dentures that Fit**

The action of the periphery of a denture, in contact with mouth tissue is similar to that of the perimeter of a rubber suction cup pressed against a smooth surface. *There is a definite valve sealing in both instances.*

Even with a properly fitted new denture valve seal may break under normal stress causing embarrassment to the wearer. Dr. Werner's strengthens the valve seal, aids in maintaining suction, eases period of adaptation.

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Why more Dr. Wernet's Denture Powder is used than any other in the world

SOLUBLE—Because Dr. Wernet's is completely soluble, free of any foreign matter, it sets up a soft, even, resilient cushion of almost imperceptible thickness that permits the denture to ride close to the tissues as you designed it to do and does not establish any bulk to destroy that perfect fit.

NON-INCRUSTATING—Daily cleaning of the denture will dissolve and remove *all* traces of Dr. Wernet's powder, leaving no residue to incrustate in ridge areas. Insoluble powders can set up uneven pressure, cause mal-occlusion, the forerunner of dread pendulous tissue.

PURE, NEUTRAL—Dr. Wernet's Denture Powder is made of the finest material. Its chief ingredient is so pure it is used universally as a binder in the manufacture of ice cream. Thus, Dr. Wernet's is harmless if swallowed and cannot interfere with digestion, for it is neither acid nor alkaline.

MAKE THIS TEST



Mixed with a little water in the palm of the hand, Dr. Wernet's forms a smooth thin film—an insoluble powder becomes lumpy.

APPLYING DR. WERNET'S



Scatter powder on ridge area and up sides to periphery and across post dam. Shake excess off.

USED IN ICE CREAM



Dr. Wernet's is pure, pleasant tasting—a boon to denture wearers in period of adaptation.



Dr. Wernet's POWDER

Adapts the Patient to the Denture

FASTER
SIMPLER
MORE ACCURATE

Clasp adapting



**NEW WILLIAMS TRU-FIT
(READY-MADE) CLASPS**

Precision adapted in 3 minutes

• The unique contoured design of this new ready-made clasp, plus the fact that it is supplied soft annealed and ready for adapting, saves many minutes on every case—yes, and assures a more perfect fit. The occlusal rest and clasping elements are amply long to accommodate any size or shape tooth. Made in one piece of hard, springy, high gold quality alloy—no soldered joints to break. Slotted, corrugated tailpiece gives perfect retention in denture materials. Available in two styles, for posteriors (above) and anteriors (right) having no rest. Three sizes of each, rights and lefts, to fit any tooth. Guaranteed not to break or buckle. Ask your dealer.

WILLIAMS GOLD REFINING CO., INC.

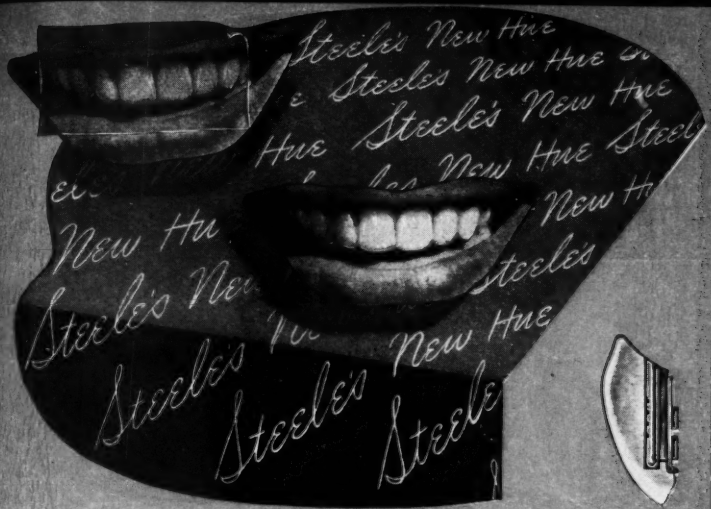
Buffalo 14, N. Y.

Fort Erie N., Ont.

Havana, Cuba.



WILLIAMS TRU-FIT *Clasps*



LET THERE BE LIFE.... IN YOUR ANTERIOR BRIDGEWORK

The practical porcelain incisal of a STEELE'S NEW HUE FACING receives light instantly and diffuses it throughout the labial surface of the tooth. The NEW HUE porcelain absorbs and reflects the color of the adjacent teeth and tissue. With STEELE'S NEW HUE FACING has been eliminated that dull opacity and evident artificiality so often an annoyance and disappointment to the patient.

No Steele's product has ever been recommended to the dental profession until its superiority had been established in thousands of practical cases.

ONLY STEELE'S NEW HUE FACINGS HAVE ALL THESE FEATURES

- Practical porcelain incisal.
- Moulds designed for bridgework.
- Opacity at incisal eliminated.
- Narrow interdental spaces.
- Mild gingival collar.
- Natural highlights.
- Harmony with adjacent teeth.
- Interchangeable with Steele's New Hue Backings.
- New Hue Shades.
- Ample Strength when used with Steele's New Hue Backings and in conformity with prescribed technique.

For best results always use

Steele's NEW HUE BACKINGS

COLUMBUS DENTAL MANUFACTURING CO.
COLUMBUS 6, OHIO



1840



1844

Both of us have come a long way

Arrived at the completion of our first century of service to dentistry, we greet our friends and look forward with confidence to a new era of professional development.

From the beginning the House of White has been determined that its success shall come through the merit of its products and fair dealing with all it is privileged to serve. Dentistry will never be satisfied with less than the best.



a Century of service to dentistry

THE S.S. WHITE DENTAL MFG. CO.

844

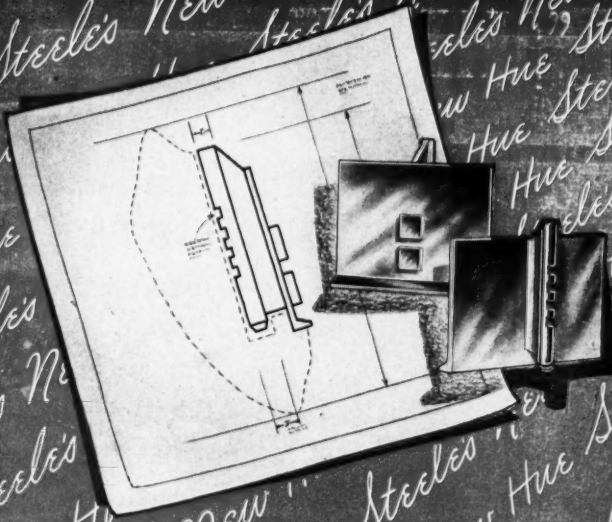
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A TRIUMPH.... IN ENGINEERING!

STEELE'S NEW HUE BACKING has a scientifically engineered stress equalizing shoulder that accurately fits the shoulder of STEELE'S NEW HUE FACING. STEELE'S NEW HUE BACKING has a controlled clearance which permits the facing to be seated without binding and allows space for the cement. STEELE'S NEW HUE BACKING has also been designed to permit adequate reinforcement with solder or casting gold.

May we send you a copy of the simple technique developed for STEELE'S NEW HUE FACINGS AND BACKINGS? Your name and address on a penny post-card will quickly bring you this information.

FOR BEST RESULTS WITH
STEELE'S NEW HUE FACINGS
WE RECOMMEND . . .

Do not grind the incisal shoulder
of the facing or backing. Use
STEELE'S NEW HUE BACKINGS.
Solder or cast to these backings.
They are precious metal and fuse
at 2300 F. Follow the technique
prescribed for cementation. Care-
fully adjust and balance the bite.

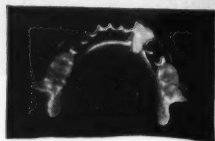
use
Steele's **NEW HUE FACINGS**
for all anterior
restorations

COLUMBUS DENTAL MANUFACTURING CO.
COLUMBUS 6, OHIO



SEVEN CASTS FROM SEVEN ZELEX IMPRESSIONS . . .

*and this removable fits all
with exact fidelity . . .*



Nothing could be more convincing to you of the exceptional accuracy of Zelex than this *actual reproduction* of the mouth in *seven consecutive casts*.

This removable was made to fit just the No. 1 cast. Now note in the photographs at the left that it fits the other six casts with equal precision.

And, even more important, this complicated appliance was immediately inserted in the mouth without the slightest adjustment being necessary then or later . . . to the complete satisfaction of the patient.

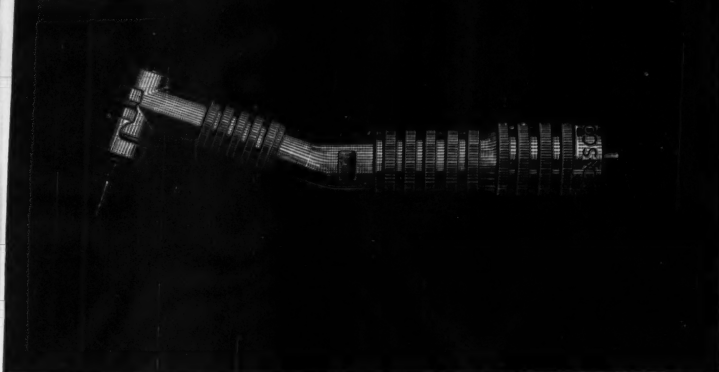
Zelex stood this grueling test for accuracy. It can bring the same precision to your restorations.



zelex

REG. U. S. PAT. OFF.

FOR MODERN MATERIALS CALL ON CAULK MILFORD DEL.



WORTH ITS WEIGHT IN GOLD

Well, perhaps not exactly worth its weight in gold—but handpieces are a very critical item in both the Armed forces and civilian dentistry. By taking the best possible care of your handpiece you are helping to win the war, not to mention rendering a higher type of service to your patients and saving money for yourself as well.

Denscane is the only combination cleaner and lubricant for handpieces recommended by the manufacturers of the world's finest handpieces—DENSCO. Your handpieces will run smoother and last longer with Denscane, no matter what make they happen to be. Order a bottle today from your dealer.

THE DENTAL SPECIALTY MFG. COMPANY

Denver

Colorado

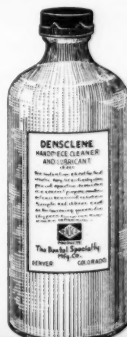
CLIP THIS COUPON AND SEND IT TO YOUR DEALER

Send me a bottle of Denscane and a FREE copy of the booklet "The Care of Dental Handpieces."

NAME

ADDRESS

Price \$4.00 per pint bottle including empty



GETZ- 400



WG

NEW SIMPLIFIED TECHNIQUE

3 TO 5 MINUTES
Chair Time
From The Tube
To Adaptation

\$8.00

Per Tube

Usually Enough for
20 DENTURES

Approximately
40c PER LINER

GUARANTEED TO EQUAL THE LIFE OF THE DENTURE

ACCEPT THIS OFFER
Prove It By Performance
In Your Own Office

So sure are we that you will find this Liner perfect in efficiency and economy that we invite you to prove it to yourself . . . right in your own practice.

You are asked to use it on four or five adaptations with the privilege of returning the unused portion for a full refund of your purchase price. This guarantee applies to every tube you buy.

Order from your Dealer
or write direct for details

PERMANENT LINER

FOR FULL AND PARTIAL DENTURES

No Processing . . . Ready To Use

The problem of meeting changing mouth tissues is now definitely solved . . . with the same speed and ease as taking a plaster wash. This applies to both old and new dentures. Getz-400 Permanent Liner has been tested and proved in general practice for permanence, simplicity, efficiency, and economy. That is why its performance in your hands is backed by a money-back guarantee.

Why Lifetime Permanence is Guaranteed

The permanence of this liner is positively guaranteed to equal the life of the denture . . . Because it has an Acrylic Base it fuses to and actually becomes part of the denture.

It Is Ready To Use

As it comes from the tube, this material is ready for application to the denture. It requires no mixing, measuring, or processing whatever. No deterioration when instructions are followed.

Shorter Simpler Technique

The simplified application of this Liner is an exclusive feature. It requires only three to five minutes chair time . . . and the patient may leave within the hour with complete adaptation.

Clear Color For Perfect Blending

Regardless of the color or tint of the denture, the clear neutral transparency of this Liner blends perfectly without change.

Builds Patient Satisfaction and Goodwill

Especially in cases involving new dentures, this Liner creates patient good will by simplifying final adaptation to conform to changing tissues.

THE WILLIAM GETZ COMPANY
175 N. MICHIGAN AVE. . . . CHICAGO

ADAPTABILITY TO



ITY TO ENVIRONMENT...

An Achievement in Esthetics



THE REPRODUCTION in Trubyte New Hue Teeth of the color characteristics and blendings found in natural teeth is the result of years of research. In one phase of this research alone, 10,000 natural teeth were examined in the mouth by the unerringly accurate spectrophotometer illustrated above.

Like natural teeth, Trubyte New Hue Teeth adapt themselves to mouth and gum tissues, various complexions and changing light.

TRUBYTE *New Hue* **TEETH**

Beautifully
NATURAL



ACKERMAN GELASTIC

when mixed with water sets to form a highly elastic gel. GELASTIC is so perfectly formulated that it embodies SMOOTHNESS—FLOW—ABILITY—TOUGHNESS—ACCURACY—four essential qualities that will assure you of accurate reproduction of the severest undercuts without tearing or distortion. This unfailing accuracy is retained by pouring the cast promptly.

We invite you to try GELASTIC on our money back guarantee. If you are not completely satisfied, after using three or four units from a special package, return the unused balance for full credit.

You can depend upon GELASTIC being another high quality ACKERMAN product. Prove this to yourself by calling your dental dealer and ordering the



This special package contains 15 units and sells for \$4.00. 25% more units than the standard 12 unit package at no extra cost. Take advantage of this special offer now! Order from your dental dealer today.

ACKERMAN DENTAL MANUFACTURING COMPANY

SANTA MONICA, CALIFORNIA

Tru-Chrome Reinforced Fracture Bars . . . \$2.50 ea.

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Fracture of the lateral incisor tooth. A suprapariosteal injection of Novocain-Pontocaine with Cobefrin slowly placed at the apex of the root of tooth permits preparation for the fitting of a porcelain or acrylic jacket crown.

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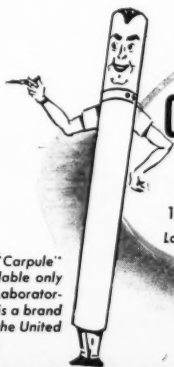
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Many of the cases you see in daily practice require the same routine procedure.

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ethy family traits...

You have undoubtedly observed corresponding tooth traits among patients in the same family. Research has shown conclusively that the "family similarity" of teeth persists through generations and is governed by the "Laws of Heredity".

The selection of teeth by family traits is, therefore, as basically correct as the laws of heredity.

Obviously, it is very definitely advisable to examine the dentition of a near blood-relative for guidance in the selection and alignment of teeth for the edentulous patient.

Inherited anatomical forms and color of the teeth will be

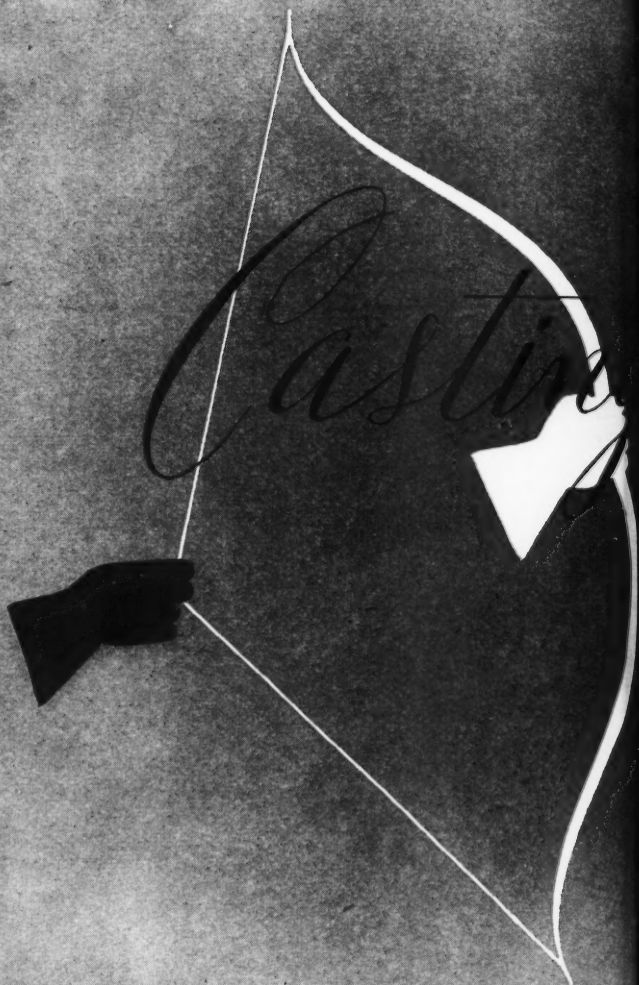
disclosed by such examination. Frequently, this procedure affords a valuable clue to tooth arrangement.

Five-Phase Anteriors were developed through *scientific* study of human teeth. They are carved to the *true anatomy* and have the character of human teeth. Five-Phase Anteriors therefore provide the only means by which the *natural characteristics* of the patients' teeth may be reproduced in artificial dentures.



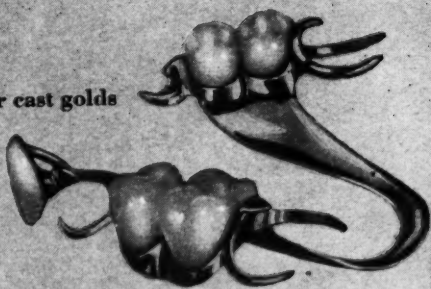
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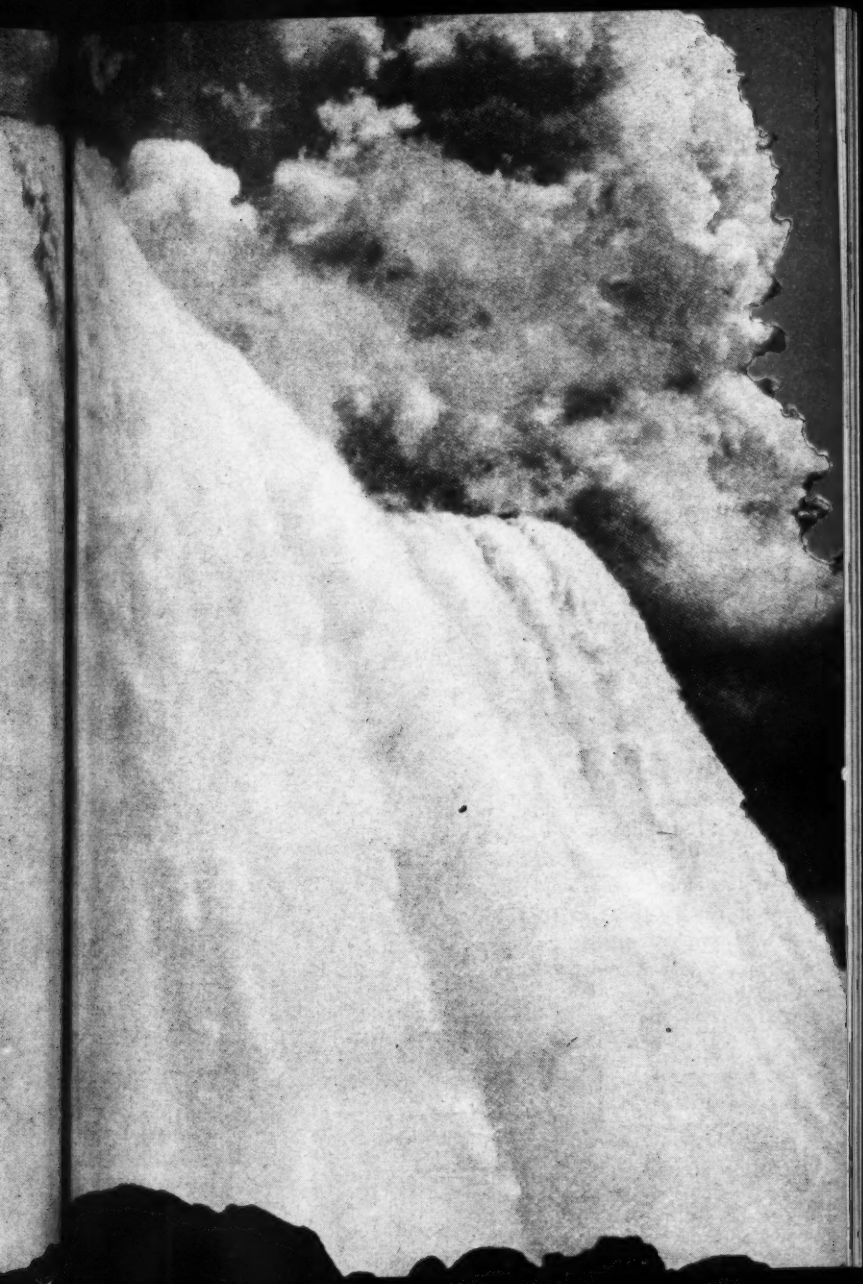
In Dr. Myerson's True-Blend Teeth, the blending, striations, erosions, irregular incisal edges all are hand made—by skilled and careful hands.

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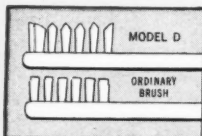
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Here is approved scientific design that *retains* its effectiveness through hard, continued use. Designed by recognized dental authorities for professional dispensation, the **MODEL D** Toothbrush is well worth your critical inspection and personal test.

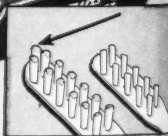


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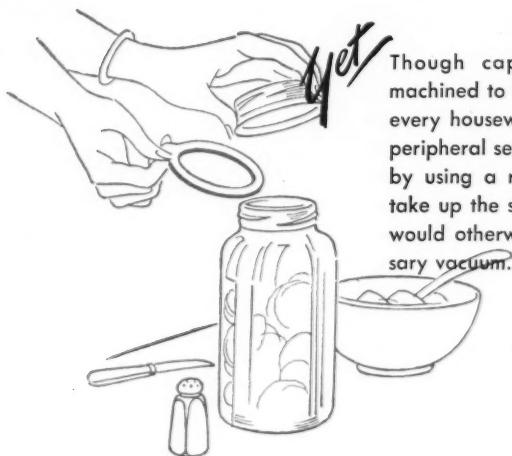
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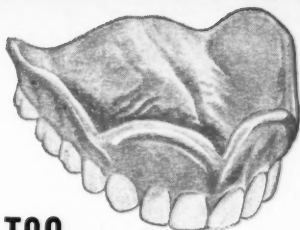
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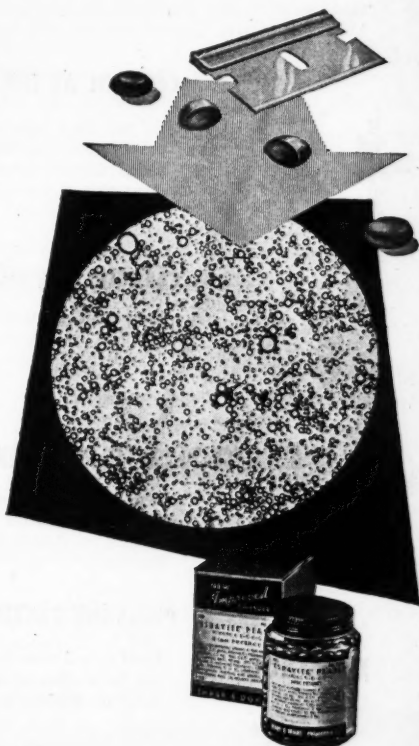
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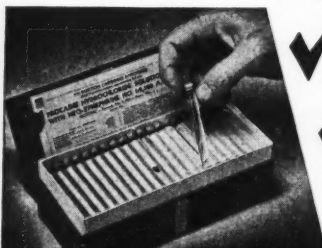
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PROMPT DELIVERY— Order through your dealer or send for circular today.

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- ☐ Points and Stones ☐ Handpiece
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OH

Your Patient's First Impression



FIRST impression your patient forms of you and your equipment always comes from your mouth mirror. For it's the first instrument you use. So make that impression count in your favor. With a beautiful Kerr Mouth Mirror kept bright, shiny and intact by the following technic:—

When finished with the patient, unscrew each mirror from its handle. Put handles in regular sterilizer, mirrors in pan of cool, clean tap water. Boil mirrors for 20 minutes. Lenses will come out bright, sterile and unharmed by contact with other instruments or sterilizer solutions.

CAUTION:—Highly alkaline water, or water containing soda, will etch the highly polished surface of the lens. It's as delicate as your camera lens. And if you're a stem bender be careful. Bend only without touching the lens or its frame. Otherwise, you may break the water-tight seal.

Make your matchless Kerr Mirrors last twice as long and so conserve the critical materials which keep current supply limited—until Victory.

KERR DENTAL MFG. CO., Detroit

KERR

MOUTH MIRRORS

More Proof!

"I discovered STIM-U-DENTS in the office of my dentist to whom I had gone for periodental treatment.

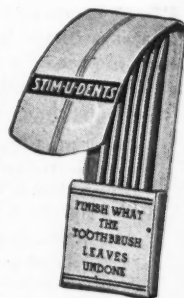
"For some cause unknown to both of us a pocket had formed between cuspid and first bicuspid in the lower left region of my mouth. After hygienic attention I began the use of STIM-U-DENTS as a non-irritant cleansing agent. To my amazement I found that the use of that agent after each meal not only kept the area clean, but, in addition to an exceedingly pleasant taste, stimulated the gingival tissue to such an extent that a natural healing process developed. In less than one month the pocket was completely eliminated with no further dental care. Since then I have, quite naturally, applied STIM-U-DENTS to every approximal space in my mouth with results I would not have believed possible.

"For my money they're the business."

Sincerely yours,

H. W. North"

This is but one of the many specific uses about which dentists have written us. If you do not use STIM-U-DENTS ask for sample, or better still, order a Professional Courtesy Package today and adopt and recommend this healthful, home treatment. Your patients will be aroused to a new interest in their teeth and be prompted to visit you more frequently.



PROFESSIONAL COURTESY PACKAGE

STIM-U-DENTS, Inc.
54 Alfred St., Detroit 1, Mich.

Enclosed find \$1. Send me Professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

Dr.

Street and No.

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This offer confined to members of the profession only.

(STIM-U-DENTS also make excellent wedges in inlays and other procedures.)

Keep Your Patients
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STIM-U-DENTS

IN MODERN DENTAL PRACTICE



PAIN is the "VILLAIN" who isn't there!"

When you use a safe, local anesthetic, Pain makes a hasty exit. You can banish him for "keeps" by standardizing on . . .

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. . . for *every painful* operative procedure. Proco-Sol combines kindly post-operative reactions with sufficient potency to banish pain. Its quality is controlled by exacting laboratory standards. Proco-Sol provides the exact degree and character of anesthesia desired.

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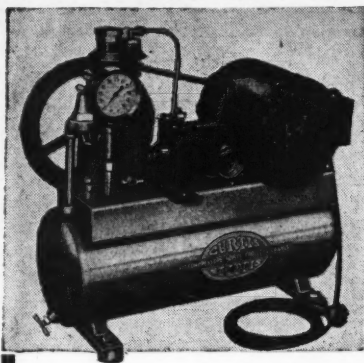
This revised edition of Dr. Baumann's treatise — "Simplified Technique for Local Anesthesia" — is yours for the asking. Send for your copy today. Also write your dealer for free Proco-Sol samples or address —



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CURTIS Dental Pumps

*Operate Quietly,
Efficiently, at Low Cost*

Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 88 years of successful engineering experience and are precision built in every detail.

You'll find a Curtis Dental Pump extremely quiet in operation, highly efficient and thoroughly dependable. It provides clean, pure air at all times and operating costs are extremely low. It occupies small space, starting and stopping are completely automatic and requires no attention except occasional filling of oil reservoir. Uses a tasteless, odorless, colorless lubricant.

Compressed air saves you time, energy and money — it's an invaluable aid in operative dentistry and laboratory work — makes your work easier and better and patients appreciate its use. Write for Bulletin C-18.

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A professional man spends most of his time at his professional duties . . . and he knows that not only his diagnosis, but his very appearance must inspire confidence. HOOVER offers the professional man an extensive selection of smartly styled, correctly tailored and distinctive uniforms that assure a true professional appearance. Thousands of doctors, dentists, and laboratory workers know that HOOVER offers the utmost in uniforms that possess unobtrusive smartness combined with quality and long wear.

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**A SAFE NON-TOXIC
TOPICAL ANESTHETIC**

Anesthetizes gums prior to needle penetration, scaling and grinding teeth, lancing abscesses, etc. So colored that it stains the surface tissue and discloses the field to be worked upon but *does not stain dentine.*

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One fluid ounce sent prepaid for only \$1.00 and your dental dealer's name. Mail coupon today to:
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Enclosed find \$1.00 for 1 ounce of Hammer's Topical Anesthetic.

Dr. _____
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Do YOU Feel Like Singing...

"OH, WHAT A
BEAUTIFUL
MORNING"



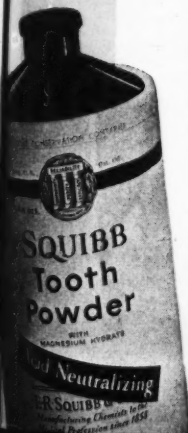
When your mouth tingles with cool refreshment, when your teeth look clean and bright, you feel invigorated and it's easy to sing about a beautiful morning. That's the pleasant mouth sensation a first-thing-in-the-morning brushing with Squibb Tooth Powder brings . . . and it brings the same feeling to your patients every time they use it—whether once, twice, or three times a day.

Squibb Tooth Powder makes brushing the teeth a pleasant routine. It provides effective cleansing action the safe way, without grit or harsh abrasives to irritate gums or harm tooth enamel. It is easy to use, it clings to the brush. To assure its safety, it is checked and rechecked by many, many control tests.

Recommend Squibb Tooth Powder. It has a new compact, dust-proof, non-absorbable container. This scientific dentifrice also contains magnesium hydrate, a fine antacid . . . Economical, too. At all drug stores.

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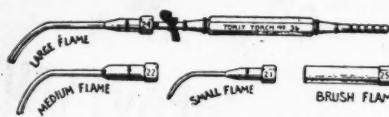
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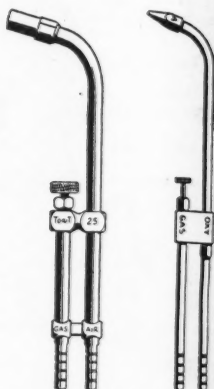
There is a TORIT Blowpipe for every type of fuel commonly used in dental laboratories. They are sturdily constructed of the best materials. Their design assures easy and accurate control of the flame, allowing them to be used in a wide range of work.

We are still making blowpipes for the armed services, but are now in a position to deliver limited quantities to the dental profession. For full information write:

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Can't wait!



TIME is an essential factor in radiographic processing. If you're "caught short" on developing and fixing solutions Urell Concentrated X-Ray Solutions can help you.

Here's how: Urell Solutions

- have but one simple instruction: dilute, develop
 - can be used under wide ranges in temperature
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URELL CONCENTRATED LIQUID DEVELOPER
1 QUART CONCENTRATE \$.95
(makes one gallon)
4 QUARTS CONCENTRATE 3.15
(makes four gallons)

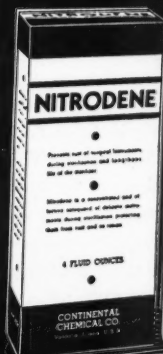
URELL CONCENTRATED LIQUID FIXER
1 QUART CONCENTRATE \$.75
(makes one gallon)
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(makes four gallons)

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Here is intensified germicidal ultraviolet energy at its optimal efficiency. Close proximity of dentist and patient demands the protection Hygeaire germ-killers afford.



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The action of this effective, compact Unit is relatively simple. Thermal circulation rapidly conveys suspended droplet nuclei... resulting from coughing and sneezing... to within the focal atmosphere where they are promptly destroyed. In excess of 85% efficiency is attained through the combined effectiveness of the high-intensity lamp and scientifically designed reflector.

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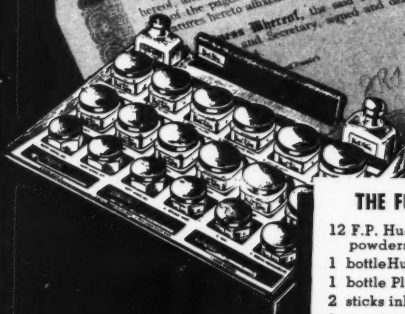
In Consideration of the payment of the premium stated in the Schedule on page 4 hereof, on or before each Monday, Doth Hereby Agree, subject to the conditions below and on page 2 hereof, each of which is hereby made a part of this contract and contracted by every person entitled to claim hereunder to be a part hereof, to pay as an Endowment, fifteen years from the date hereof, if the Insured be then living, upon surrender of this Policy and evidence of premium payment hereunder, the amount stipulated in said Schedule;

And Doth Further Agree, subject to the conditions aforesaid, if the Insured shall die prior to the date of the maturity of the Endowment, to pay upon receipt of proofs of the death of the Insured made in the manner, to the extent and upon the blanks required herein, and upon surrender of this Policy and evidence of premium payment hereunder, the amount stipulated in said Schedule, to the executor or administrator of the Insured, unless payment be made under the provisions of the next succeeding paragraph.

The Company may make any payment or grant any non-forfeiture privilege provided herein to the Insured, husband or wife, or any relative by blood or connection by marriage of the Insured, or to any other person appearing to said Company to be equitably entitled to the same by reason of having incurred expense on behalf of the Insured, or for his or her burial; and the production of a receipt signed by either of them, or of other proof of such payment or grant of such privilege to either of them, shall be conclusive evidence that all claims under this Policy have been satisfied.

The Conditions, Privileges and Concessions to Policyholders, Schedule on page 4 hereof, and any endorsement either printed or written as made by the Company, on and after the date hereof, are a part of this contract as fully as if recited over the entire hereto annexed.

Witness My Hand, the said Metropolitan Life Insurance Company has, by its President and Secretary, signed and delivered this Policy on the date hereof as follows:



THE FULL EQUIPMENT PACKAGE

- | | |
|-------------------------|-------------------------|
| 12 F.P. Hue-lon powders | 3 Q. P. Hue-lon powders |
| 1 bottle Hue-lon liquid | 1 Hue-lon shade guide |
| 1 bottle Plascole | 1 Package Cellophane |
| 2 sticks inlay wax | 1 stick sticky wax |
| 1 powder measure | 1 liquid dropper |
| 3 mixing jars (empty) | |

\$5400

LIFE *like* INSURANCE

with

Hue-lon
TRADE MARK

Here's Why

1. For Crowns, Bridges, Inlays, Hue-lon requires only your regular laboratory equipment. No extra tools or supplies needed.
2. Every step in processing is outlined clearly in the Hue-lon processing booklet.
3. Hue-lon colors have been kept to the minimum number for economy. Yet their matching capacity efficiently covers the entire range of tooth color. You are provided, in the Hue-lon booklet, with blending charts by which Hue-lon colors are easily combined to duplicate the Shade Guide for Synthetic Porcelain as well as the three well-known Shade Guides for porcelain teeth.
4. Hue-lon is a product of DuPont and Caulk. It was specifically developed for dentistry—and is made from ingredients of absolute chemical purity.
5. TO INSURE UNFAILING SUCCESS—MAKE IT WITH Hue-lon.



FOR MODERN MATERIALS...

CALL ON

Caulk

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LAVORIS

The Aristocrat of Mouth Washes

There is no substitute for absolute mouth cleanliness



The Bendick Quality Line includes a wide variety of chrome nickel alloy bars and clasps for partials and removable bridges. They will not discolor or tarnish and have all the advantages of other materials, plus exceptionally sturdy construction.

Sold through dealers. Send for your reference sheet.

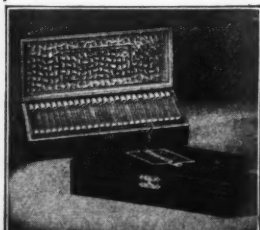
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SECURITY and ECONOMY
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DENTAL PRODUCTS COMPANY ANESTHETIC SOLUTIONS in ORYL TUBES



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Please send sample tubes and literature on ORYL ANESTHETIC.

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WASHINGTON MONUMENT

*Was Authorized Two Years
After Our Founding*

THE erection of a monument to the Father of the Country was not authorized by Congress until 1848. Using funds collected by popular subscription, construction was immediately started and the cornerstone laid on July 4th of that year, two years after our founding.

But work progressed slowly, the shaft reaching a height of about 150 feet when, in 1854, a block of marble from the Temple of Concord in Rome was mysteriously stolen from the site. Popular indignation resulting from this incident slowed up subscriptions and construction was completely stopped until 1876, when work was again resumed, at government expense, by the Corps of Engineers of the United States Army. The completed monument was dedicated on February 21, 1885, and was opened to the public in 1888.

So the business of Church & Dwight Company is older than the Washington Monument, our founders having joined in 1846 to produce the first Bicarbonate of Soda in this Hemisphere.

Our two brands, commonly known as Baking Soda (Arm & Hammer and Cow Brand), are valuable servants of the practicing dentist. Both are among the dentifrices acceptable to the Council on Dental Therapeutics of the American Dental Association. Used as a cleansing gargle or mouth wash, in 2% solution, they aid in the removal of accumulated mucus and debris from the mouth and throat. They are helpful in the laboratory to clean and protect expensive instruments and equipment.

One or the other of these two Sodium Bicarbonate brands is available at almost any grocer's for just a few cents a package.

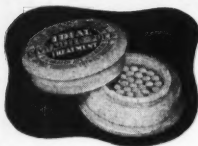
Business Established

in 1846

CHURCH & DWIGHT CO., Inc.

10 Cedar Street New York 5, N. Y.

SAVE MOLARS THAT PAY DOLLARS



... by using Ideal De-vitalized Pulp Treatment in Tablet Form.

Extremely effective, simple technic, painless, permanent disinfectant.

Only \$2.00 (enough to save 30 teeth). Sold on money-back guarantee.

DR. LUBKIN'S IDEAL POCKET TREATMENT IS ALWAYS READY AND STERILE.

Easily Administered to reach the Gingival Pocket. May be applied as deeply as necessary. It does not diffuse. IT IS A PLEASANT MILDLY SLOUGHING COAGULANT THERAPEUTIC AGENT RETAINED AT POINT OF APPLICATION UNTIL ABSORBED. PAINLESS AND ECONOMICAL.

No special applicators required. Use any 2 c.c. Cartridge Syringe and needle from 20 to 25 gauge that can be bent and flame-sterilized. Only \$3.00 enough for 100 treatments. Sold on a money-back guarantee.



S. LUBKIN, D. D. S. . . . 5 N. Wabash Ave., Chicago 2, Ill.

KELLY'S PASTE

for accurate fit

LEE S. SMITH & SON MFG. CO.
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Corrects the defects of a compound impression - insuring perfect fit and adaptation in full and partial dentures.

BUCKLEY'S ASTRINGENT PATIENT DISPENSING PACKAGE

(Same formula as Buckley's Dental Glycerite)

YOU are busy now as are all dentists. With this thought in mind we are presenting the **PATIENT DISPENSING PACKAGE**. This is our "Time Tested Formula," Buckley's Dental Glycerite under a new name, Buckley's Astringent, for use by the patient between office calls.



SHOULD your patient have Vincent's Infection, Pyorrhea or Gingivitis, may we suggest that you give them a bottle of Buckley's Astringent at the first sitting. Have them apply it to the affected mucous membrane with a cotton applicator or Stimudent, between office visits.

TRY a package and see how much quicker you can clear up these "Time Consuming Cases" which is so important these days.

THIS PREPARATION is available through your regular source of Dental Supplies. Be sure and ask for Buckley's Astringent **PATIENT DISPENSING PACKAGE**.

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diffuse.
ULANT



the defects
and impres-
sion perfect
ation in full
dentures.

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CO-RE-GA

the perfect adhesive for dentures

Dispels the inhibitions usually attendant during the adaptation days. Your prosthetic patients will appreciate the recommendation of this older dental product.

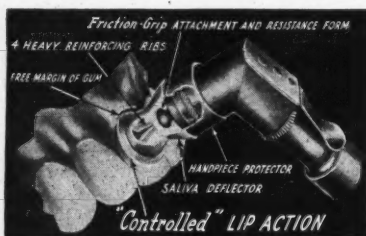
ALL DENTISTS' SAMPLES ON REQUEST — (Please use your professional stationery)

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PERFECTION PROPHYLACTIC POLISHER



THE LIP DOES THE WORK

Perfection Prophylactic Polishers clean and polish teeth . . . quickly, safely, effectively. Get an economical package from your dental supply dealer, or write for free sample unit.

Manufactured by

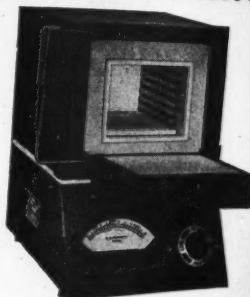
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ANNEALING and WAX ELIMINATING

Here is true furnace economy. Precision—rugged—long service life. Operates 110 volt AC or DC. Accurate pyrometer. Three heat range—0 to 1500° F. Quality insulation. Muffle 4 1/4" x 3 3/8" or 4 1/2". Counterweighted door. Complete with removable tray. **\$4125**

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NEW, IMPROVED Model No. 152, (Cat. No. 210) 1/6 hp., 2-SPEED, ball-bearing motor; 1 YR. GUARANTEE, Ask for New Bulletin No. 317. Price, less chucks —

\$38.00

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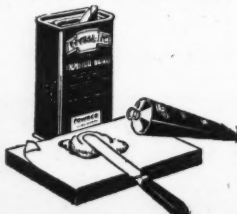
BUY WAR BONDS AND STAMPS

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BUSY DENTISTS Depend on CO-ORAL-ITE Impression Material



So easy to mix and apply . . . for a speedy, efficient and accurate job. Years of experience have taught busy dentists this easy way "to make a good impression." Get Co-Oral-Ite at your dealers.

CO-ORAL-ITE DENTAL MFG. CO.
Makers of Superior Dental Products Since 1919
SANTA MONICA, CALIF.

A LITTLE REVELATION GOES A LONG WAY



Wartime economy calls for the use of Revelation. Only a very small amount is required for each thorough brushing of teeth and gums. A little goes a long way. It is a most efficient cleanser, cannot harm delicate tissues, is delightful to use and leaves a pleasing after taste. Revelation Tooth Powder is recommended generally by dentists in military and civilian practice. 37th year of constant adherence to basic formula perfected by August E. Drucker.

AUGUST E. DRUCKER CO., SAN FRANCISCO, CALIF.



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at every step . . .

EVEN in the trimming stages, Acralite provides maximum protection. Its longer working time . . . its crustless, soft texture . . . makes accurate trimming easy and unhurried.

Each batch of Acralite is made with a view toward its efficacy in processing. And — even more important — each batch of Acralite is tested to assure full strength, color-stability, natural appearance, long-life. Acralite more-than-meets A. D. A. Specification No. 12; Acralite is in ever-increasing use in civilian dentistry and amongst our armed forces.

For dentures of distinction, standardize on Acralite.

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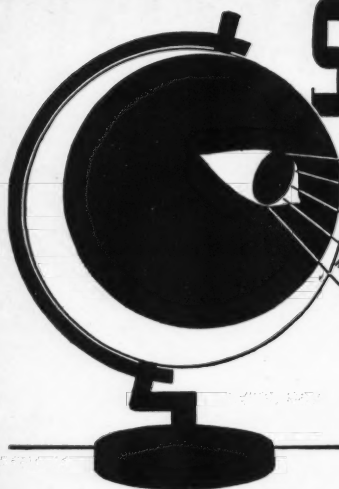
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UNIFORM IN QUALITY
WHITE & LUSTROUS
PERFECT IN FORM
MEETS ALL SPECIFICATIONS



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"STAR" BRAND DENTAL RUBBER

makes strong, light weight, durable dentures

Dentures made with "STAR" BRAND Rubber are hard, dense and homogeneous—very strong and durable, yet light of weight with a desirable modulus of elasticity. Odorless and tasteless—your patients will like "STAR" BRAND dentures.

Shrinkage controlled, easy to work, moderate in price—this new formula has many advantages. Now made in eleven shades, including the new varieties:

- No. 78 —Light Orange
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- No. 87 —Brilliant Red
- No. 88 —Cherry Red
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BOX . . . \$1.00

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5 sheets (1 of each new color) will be sent through your dealer or direct for \$1.00.

ATLANTIC RUBBER MFG. CORPORATION

Successors to Traun Rubber Co., 239 Fourth Avenue, New York 3, N. Y.

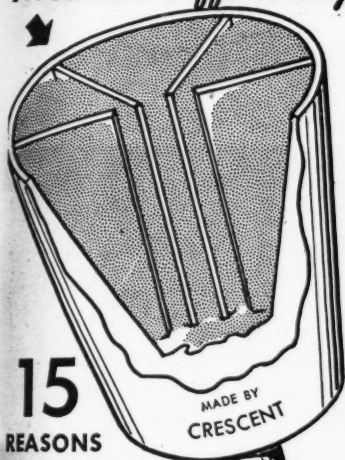
Enclosed \$1.00—Please send me your SPECIAL OFFER on "STAR" BRAND (1 sheet each of five new colors)

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The **INSIDE** story of
Modern Efficiency



15
REASONS

*why thousands of dentists
are using the Crescent*

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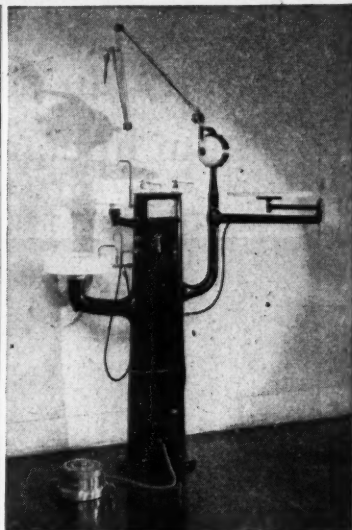
Rubber Polishing Cup

- It retains the abrasive at higher speeds
- It cuts faster with less pressure
- It does better work
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- It lasts longer
- It has more working surface
- It conforms to the tooth surface
- It fits your handpiece
- It runs true
- Is easy on the patient
- Is smooth and gentle in operation
- Is made of clean white special rubber
- Is permanently mounted
- Is the last word in efficiency
- and **COSTS MUCH LESS.**



Pat. Sept. 14, 1937

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



No. 2 DENTAL UNIT

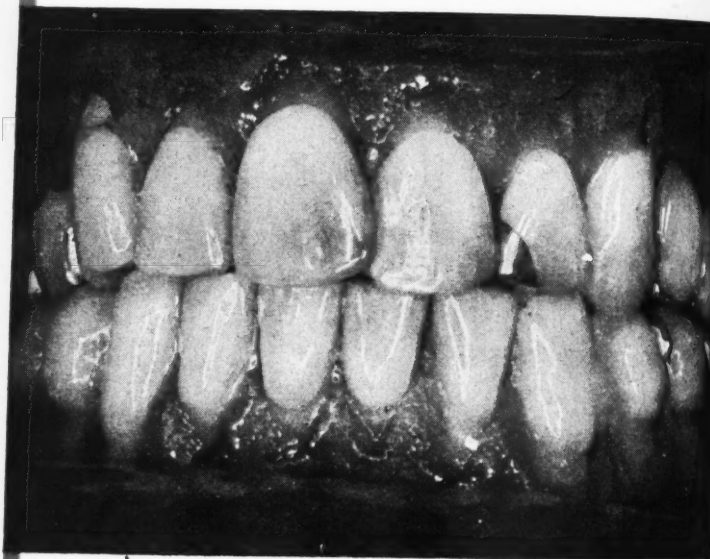
This shows our No. 2 Unit which we are now manufacturing in limited quantities and can be supplied, less engine, at \$200.00. Pre-War construction throughout and supplied in any of the standard dental colors.

Adapter arm for the different engines and light adapter can be supplied for a slightly additional cost.

Write your dealer or write us direct.

Central Dental Mfg. Co., Inc.
Box 686
Louisville, Kentucky

Why do some patients get
gum line grooves like these—



—while others escape
such damage?

Clinical and laboratory findings seem to
discount decay or erosion as the cause!*

**Journal of Dental Research 20, 565-595, Dec., '41*

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Then—perhaps this is the answer to the problem:

Recent clinical and laboratory studies indicate that many patients suffer damage to their teeth... damage which is neither decay nor erosion.

So that you may analyze these studies and form your own opinion as to their cause and prevention we have published a booklet which summarizes these clinical and laboratory findings.

We want you to have this booklet, and sincerely believe that you will find it not only interesting, but helpful to you in your practice.

FREE PROFESSIONAL SAMPLES of TEEL and THIS BOOKLET, which throws new light on the subject... will gladly be sent to you on request.

The booklet summarizes recent clinical and laboratory studies that seem to indicate the cause of this trouble... and points to a new technique that may avoid such damage. Generous samples of TEEL, the non-abrasive liquid dentifrice, are provided for your own experimentation and use.

Simply fill in the coupon and mail.

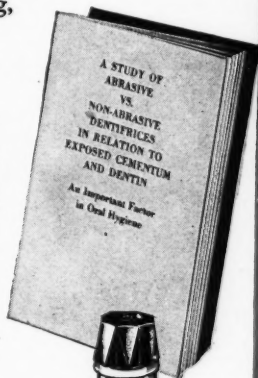
PROCTER & GAMBLE, Dept. of Dental Relations, Division 1013, Cincinnati (2), Ohio
Gentlemen:

Please send me free and postpaid professional samples of TEEL and a copy of the booklet, "A Study of Abrasives vs. Non-Abrasive Dentifrices in Relation to Exposed Cementum and Dentin." I understand this incurs no obligation of any kind on my part.

NAME.....

ADDRESS.....

CITY..... STATE.....

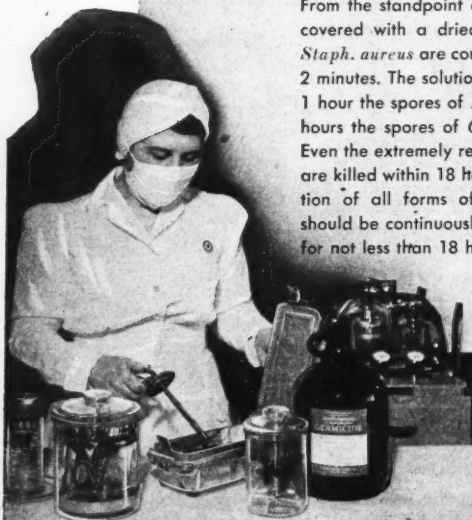


Protecting inherent qualities of
instruments...secondary only to asepsis

Bard-Parker Formaldehyde Germicide

not only provides high germicidal potency—prolonged immersion of delicate steel instruments will not result in rust or corrosive damage. Obviously, the functional efficiency of any instrument depends upon such protection of its inherent factory qualities during the sterilizing process.

From the standpoint of asepsis . . . knife blades covered with a dried blood contamination of *Staph. aureus* are consistently disinfected within 2 minutes. The solution is sporicidal, too! Within 1 hour the spores of *B. anthracis*, and within 4 hours the spores of *Cl. welchii* are destroyed. Even the extremely resistant spores of *Cl. tetani* are killed within 18 hours. To insure the destruction of all forms of pathogenes, instruments should be continuously immersed in the solution for not less than 18 hours.



Ask your dealer

PARKER, WHITE & HEYL, INC.
DANBURY, CONNECTICUT

A BARD-PARKER PRODUCT

ination...instruments...
Subsequent Corrosions made easy
to meet tissue changes.

CRIG DENIAL...
CHICAGO, U.S.A.

The ORIGINAL No. 1 LINER

IMPROVED

For Simplicity and
Predetermined Results with
**IMMEDIATE and
OLD DENTURES**

No Processing... Ready to use from the tube. No mixing, no heating, no guesswork.

Color... for perfect blending with the denture base.

Simplified Technique, involving only about 20 minutes chair time.

Fitting The Denture is merely a "trial bite" for the patient.

Not A Casting Material... The original adaptation is from patient's mouth direct.

Every Delicate Detail of tissue formation faithfully recorded.

Subsequent Corrections made easy to meet tissue changes.



**PERMANENT
as the DENTURE
ITSELF!**

Low Cost

\$10. per tube

Less than \$1. per Liner.

Order through your Dealer or write direct for details.

CRAIG DENTAL PRODUCTS INC.
185 N. WABASH AVENUE, CHICAGO, U.S.A.

For the
**MISERY OF
SIMPLE HEAD
COLDS**

Oil of eucalyptus
6 1/4 gr., menthol
1 1/2 gr. in each
av. ounce.



There's a lot of comfort in a tube of V-E-M

V-E-M quickly clears nasal passages of temporary congestion... lubricates and soothes irritated membranes. And its cooling effect lasts for hours! Samples with applicator available to the profession on request. Write to Dept. RN.

This Patented Applicator, included with each tube, instantly places a measured amount of V-E-M high up in the nose.

Schoonmaker Laboratories, Inc.
Caldwell, New Jersey

ALL A. C. CLARK

We can (and will) serve you best

Complete stock of parts. Skilled workmanship. Your old outfit reconditioned like new. Ask for an estimate.

GLAZBROOK BROS. DENTAL SERVICE SHOP
7225 Wentworth Avenue Chicago, Ill.

We can still supply new cuspidor waste and supply tubing. Send us your old connections. We will attach new tubing. Prompt, guaranteed service.

EQUIPMENT

PARTS

FOR BETTER FITTING DENTURES USE

KELLY'S *Impression* **PASTE**

Lee S. Smith & Son Mfg. Co., 7325 Penn Ave., Pittsburgh, Pa.



A Perfect Combination

Palatex
Reg. U.S. Pat. Off. and
in Foreign Countries

**Denture
Acrylic**



Acryfoil
Reg. U.S. Pat. Off. and
in Foreign Countries

**A Tinfoil
Substitute**

A beautiful, durable, high quality methyl-methacrylate resin. If you can boil water, you can process Palatex. The only equipment needed is a pan in which to boil water, a denture flask and a flask press.

Palatex will not crack teeth.

Pink or Clear.

Now Available at Reduced Prices.

Better than tinfoil. Greatly simplifies pressing and finishing of acrylic dentures as it is not greasy or sticky. Gives dentures a hard, smooth, glossy, polished surface, free from wrinkles.

Non-inflammable. Contains no harmful solvents.

Order from
Your Dealer.

Exclusive Distributors in U. S. and Canada

The J. BIRD MOYER CO., INC.

1210-1214 Vine Street—Philadelphia, Pa.

Literature
on request.



If You Were Training A CLASS OF DENTAL STUDENTS

on the care of the teeth and gums, you naturally would stress the vital importance of a twice-daily cleansing regimen, being careful to emphasize

Correct brushing technic

Thorough application to all lingual, labial and occlusal surfaces.

You would also insist upon the use of a dentifrice which removes debris with a minimum of abrasive action.

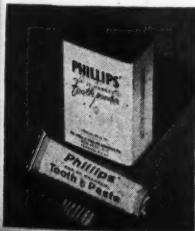
PHILLIPS'

Milk of Magnesia

(Paste, Powder, Liquid)

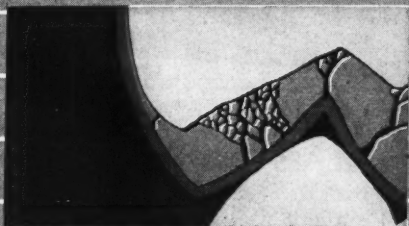
fulfills these requirements as proved by the fact that it has steadily grown in professional preferment through three generations. Cleans safely—neutralizes mouth acids on contact—agreeably flavored to encourage regular (twice daily) use.

Prepared only by
THE CHAS. H. PHILLIPS CO. DIVISION
of Sterling Drug Inc.
New York N. Y.



Petralit

is also



Will not crumble under
shell crowns.



Will not shear under
rhodonic bands.

Will not crack under
acrylic jackets.



PREMIER DENTAL PRODUCTS COMPANY • PHILADELPHIA

also super-cement...

These same properties that make Petralit a durable, tenacious filling material, also make Petralit a super-cement.

Where other cements fail in durability, crushing strength and adhesion, Petralit holds up. It does not crack, crumble, or shear

under the stress of mastication. Although Petralit is mixed considerably thicker than ordinary cements, it still allows more operating time, provides a higher pH and creates practically no heat in setting.

Ask for Petralit Hand Book.



A TIME-SAVER for DENTISTS

Send for This Free, Helpful

NUTRITION CHECK-UP CHART



Here, in concise form, is the information you need to advise your patients about proper nutrition.

Dental health depends largely upon proper nutrition. Poor teeth often result from a scarcity of calcium, one of the commonest deficiencies in the American diet. The proper utilization of this needed mineral depends upon Vitamin D. This authoritative chart will aid you in advising patients regarding nutrition. It lists daily requirements, tells nutritive values of 225 common foods, shows the scarcity of Vitamin D in foods. Write for your free copy.



Dietary Survey . . . A free copy of "Dietary Survey of Dental Literature" will also be sent to you on request.



This Seal or mention of the Foundation name assures reliable Vitamin D potency in Homogenized Vitamin D Milk, Irradiated Evaporated Milk and other Vitamin D foods and pharmaceutical products.

WISCONSIN ALUMNI Research FOUNDATION
MADISON 6, WISCONSIN

SMALL HEAD



BIG TALE

It's not really such a LONG story!

The reason so many dentists are interested in the story of this small-head brush is that they, *themselves*, played a part in developing it.

The Bonded Pro-phy-lac-tic 2-Row Professional was designed in accordance with prescriptions of a large percentage of the Profession: head exactly one inch long . . . flat trim . . . two rows of six wide-spaced bristle knots.

It is bristled with Prolon, which is Pro-phy-lac-tic's name for the finest synthetic bristle made by du Pont . . . the *only* synthetic bristle that is rounded at the ends for greater gentleness to the gums.

Pro-phy-lac-tic PROLON
2-Row Professional

TOOTH BRUSH

50¢ • At All Drug Counters

YOU CAN SAVE VALUABLE TIME
ON TEDIOUS PRECISION WORK

with STARLITE

Diamond Instruments

MADE RIGHT IN AMERICA

When you use Starlite Diamond Instruments for the first time, you enjoy a refreshing experience! Since practically no pressure is needed, you can guide the instruments more accurately. You'll be delighted with your cutting speed and the ease with which you produce sharp line angles.

Unfailingly, returns on your valuable time in doing your tedious precision work will sharply increase.

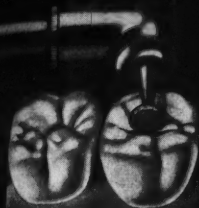
You have a wide choice of Starlite Diamond Instruments. All are unconditionally guaranteed against mechanical imperfection. All meet the exacting specifications of the U. S. Army Dental Corps.

STAR DENTAL MFG. CO., INC.

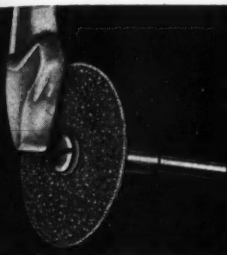
1217 SPRING GARDEN STREET

PHILADELPHIA 23, PA.

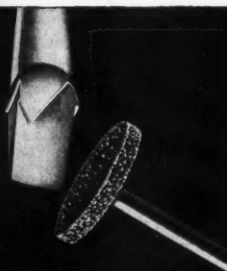
ME



65 Starlite Diamond Point used
cutting out occlusal fissures.



67 Starlite Diamond Disk used
making interproximal shoulders
porcelain or acrylic jackets.



63 Starlite Diamond Point used
removing the labial and lingual
enamel; for reducing the occlusals
posterior teeth.

These are Specimen Illustrations
from Dr. Knapp's booklet.



SEND FOR YOUR **FREE** COPY OF

Dr. K. W. Knapp's Treatise...

**Complete Authoritative Text
Illustrated with Utmost Clarity**

Whether or not you now use Diamond Instruments, here's a booklet you ought to have. It shows the "whys" and "hows" of improving and speeding up operative procedures with Starlite Diamond Instruments.

These specimen pictures are typical of more than a half hundred illustrations... all accompanied by easily understood explanatory text.

Already 1944 promises to become a "Starlite Diamond Instrument Year". So... to keep fully informed, send for your complimentary copy of Dr. Knapp's booklet now. Just fill in and mail this convenient coupon.



Should you desire to have Starlite Diamond Instruments demonstrated in your office, without obligation, just telephone or write your dental supply dealer.

STAR DENTAL MANUFACTURING CO., INC.
1217 Spring Garden St., Phila. 23, Pa., Dept. O-4

Gentlemen:

Please send me Dr. Knapp's complimentary booklet on the use of Diamond Instruments.

NAME _____

ADDRESS _____

A MODERN AID to CLEANLINESS

THE DENTAL *Sanette*

for the
quick disposal of waste in

- ✓ Operating Room
- ✓ Dental Clinic
- ✓ Laboratory
- ✓ Reception Room
- ✓ Powder Room

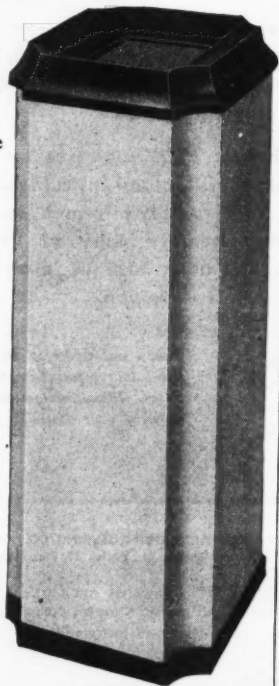
Unusually
attractive
professional
appearance

In all the
wanted
dental
finishes

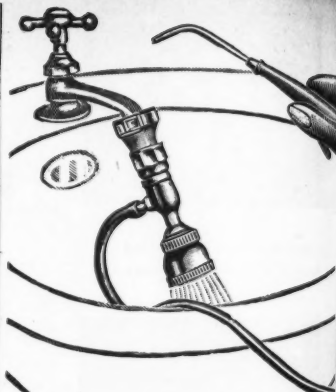
Send us
your
dealer's
name

**MASTER
METAL
PRODUCTS**

313 Chicago St.
Buffalo 4, N. Y.



MODEL T-30
25" High; 9" Square



The HU-FRIEDY ASPIRATOR

This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

Can be attached to any shaped faucet whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U. S. Government.

Complete with 8 to 10 feet of noncollapsible pure gum rubber tubing, price —\$16.50.



THE HU-FRIEDY MFG. CO.
3118 N. Rockwell Street, Chicago, Illinois

Now, . . .

you can safely recommend a Tooth Paste in which price and size are not the measure of quality—

This large tube of CRAIG-MARTIN TOOTH PASTE retails for 10c and bears this Seal of Acceptance of the American Dental Association—



This efficient, pleasing Tooth Paste, combining laboratory-tested cleansing and polishing agents with magnesium hydroxide equivalent to over 50% milk of magnesia—is within the price range of all.

Nearly fifty million tubes of CRAIG-MARTIN TOOTH PASTE have been purchased and used by the American public in the last few years WITHOUT AID OF ADVERTISING.

10c Large Size

25c Giant Size

CRAIG-MARTIN TOOTH PASTE

Sold at

ALL FIVE and TEN CENT STORES



ACTUAL LARGE
10c SIZE

Comfort Mfg. Co.
500 S. Throop St., Chicago 7, Ill.

OH-2

Please send samples of Craig-Martin Tooth Paste to:—

NameD.D.S.

St. & No.

CityState

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CO.

Illinois

Sorry . . .
no samples
of Wernet's
Dentu-Creme
until the
war is won.



● Yes, your words alone must impress patients with the importance of carrying out your instructions—no sample as a "reminder" until after the war. So stress the safe and efficient cleaning of dentures with Wernet's Dentu-Creme and the specially designed Dr. Wernet's Plate Brush—both still obtainable at regular retailers.

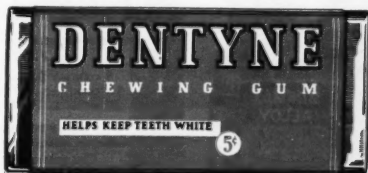
WERNET'S Dentu-Creme
DR. WERNET'S Plate Brush

Orthodontists freely recognize that their duty does not terminate when the edentulous patient is presented with a beautifully matched and perfectly fitting restoration—but that their obligation includes helping the patient to learn how to use his new substitute efficiently.

"Practice" chewing with a non-nutritive bolus provides valuable training in the new masticatory

movements—aiding the patient in retaining his dentures in position without displacement...and (by accustoming the gums to pressure) materially increasing bite strength.

Many dentists recommend Dentyne for this purpose because of its specially firm resilience and the size of its bolus.



Dentyne CHEWING GUM



The facts about Minimax Alloy

No. 2 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material

Tin is the contracting element in Minimax Alloy



Tin's contribution to the success of a silver filling is considerable. The American Dental Association considers it so important, in fact, that A.D.A. Specifications require alloy formulae to contain at least 25% of this essential element.

In the scientifically balanced formula of *Minimax Alloy No. 178*, Tin—carefully proportioned with silver—establishes just the right expansion necessary to seal the cavity against moisture and bacteria. This is accomplished by tin's opposition and safeguards against any over expansion of silver. Tin materially

assists in amalgamation, helps to retard setting, contributes to the whiteness of the alloy and helps retain the polish of the filling.

On the basis of scientific tests, Minimax Alloy No. 178 represents the best that can be produced with modern facilities, knowledge, skill and ability. Evidence of this is the fact that Minimax Alloy has passed every A.D.A. test since they were established in 1928 and the enviable record of long lasting, successful fillings in many hundreds of thousands of mouths. You can use Minimax Alloy with confidence. Don't delay; buy today.



The MINIMAX Co.

Medical and Dental Arts Bldg., Chicago 1, Ill.

In 5-oz. BOTTLES	In 1-oz. BOTTLES
5 ozs. . . \$1.50 per oz.	1 oz. . . \$1.60
10 ozs. . . 1.40 per oz.	5 ozs. . . 1.55 per oz.
20 ozs. . . 1.35 per oz.	10 ozs. . . 1.45 per oz.

Prices subject to change without notice

Complies with A.D.A. Specifications. No. 1
Fillings suitable for alloy-mercury gauges.

For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

A STARTLING
NEW CONTRIBUTION
TO DENTAL SCIENCE...



DUZ-ALL

The All-Purpose
TOOTH-INLAY-RESTORATION
Liquefying Acrylic

"JUST HEAT AND USE"

It's Sensational.... There is nothing like it!

**A THERMO-PLASTIC ACRYLIC THAT BECOMES
SEMI-LIQUID AND FUSES WHEN HEATED**

NO EQUIPMENT... NO FLASKING... NO CURING

The Amazingly Easy Way to Make...

ACRYLIC INLAYS

★ **ACRYLIC TEETH**

ACRYLIC FACINGS AND VENEERS

★ **ACRYLIC JACKET CROWNS**

ACRYLIC REMOVABLES

★ **ACRYLIC TUBE TEETH**

and many other practical every-day uses

SPECIAL INTRODUCTORY KIT... \$3.75

... for a limited time only

**EACH KIT CONTAINS 3 JARS OF DUZ-ALL
IN THE POPULAR SHADES 63, 65, and 67**

Also available in ½ oz. jars
in shades 62, 66, 69, 73, 77, 79, 81, and Pink
at \$3.00 each

Write for Descriptive Folder

Treat Pain Locally with

COUNTER-IRRITATION

Counter-irritation stimulates capillary activity, allowing the blood to flow more freely through the congested tissues, thus relieving pain, accelerating reparative processes, increasing local nutrition and producing better end results.

In the treatment of pain after extraction, Poloris Dental Counter-Irritant is preferred by many dentists to the systemic treatment of pain with internally taken drugs. Poloris is also indicated in cases of pericementitis, irritation after filling of teeth, abscess, and "telephone-treatment" of non-serious emergency pain.

*Aconitum
Napellus*



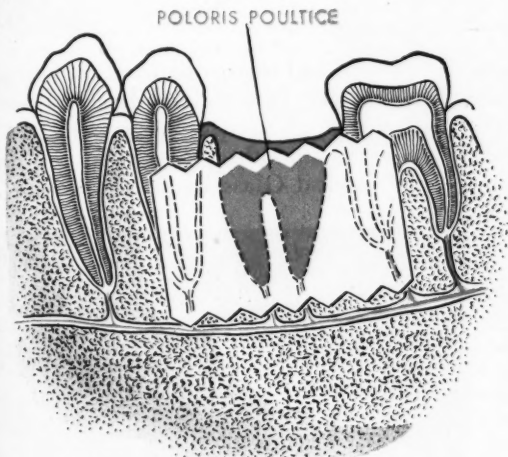
ACONITE—AN INGREDIENT IN POLORIS

U. S. Dispensatory: "Aconite, the dried root of aconite napellus . . . is actively irritant . . . a paralyzant to the peripheral sensory nerves. Applied to mucous surfaces it produces a burning, tingling sensation followed . . . by a numbness."

Other ingredients: Capsicum, Hops, Sassafras, Hydroxyquinoline Sulfate.

Prescribe

AFTER EXTRACTION



Pain after extraction frequently arises from failure of patient to respond promptly from the effects of local anaesthesia, low tissue resistance, or other cause. A Poloris Poultrice, moistened in cold water and applied buccally, will stimulate circulation, bring prompt relief.



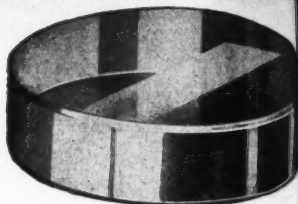
FOR FREE SUPPLY
of Poloris Dental Poul-
trices, mail your card or
letterhead to Poloris
Co., Inc., Dept. 14C, 12
High Street, Jersey
City, N. J.

FOR PROMPT PAIN RELIEF

POLORIS

DENTAL COUNTER-IRRITANT

EASY to handle



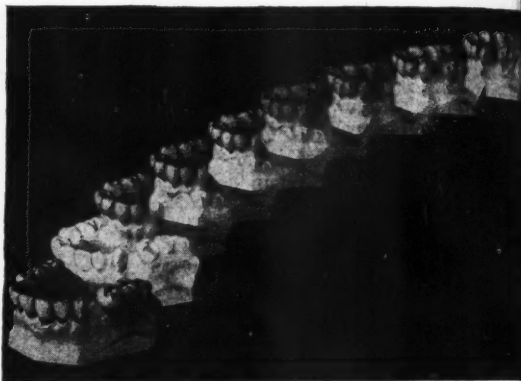
—because it's *round* and fits so comfortably between your thumb and finger. Easy to keep from chipping, too, because there are no sharp corners—and easy to clean because it is smooth, polished plate glass. Buffalo's No. 7 Round Glass Cement Slab—\$1.75.

KOROGEL

KOROGEL IS A MODERN TYPE OF molding jelly with which any number of duplicates can be made of the original model.

It is very firm yet elastic, and will not tear when removing the most difficult models. It is not affected by moisture or changes in temperature and does not lose sharpness of detail after continued use.

It is absolutely inert, and molds stored for months will be found in perfect condition for continued use when again put into service.



It can be remelted and used again.

The technic for the use of Korogel is very simple and no special expensive equipment is required for circular.

Put up in 1 lb., 5 lb., and 10 lb. packages. Price \$1.80 per lb.

Buffalo Dental
MANUFACTURING CO., BUFFALO, N. Y., U. S. A.

THIS DENTIST WON'T QUIT!

He is bravely carrying on by selling magazine subscriptions, because he can no longer practice. Only 39, he is the victim of multiple sclerosis. But he *won't quit* trying to support his wife and little son.

**At no cost to yourself,
you can help him**

You can send him your orders now, at publishers' rates:

The Reader's Digest: \$3 yearly; \$5 for 2 years; gifts for service men, \$1.50 yearly.

Coronet: \$3 yearly; gifts for service men, \$1.50 yearly.

Esquire: \$5 yearly.

Time: \$5 yearly; gifts for service men, \$3.50 yearly.

Life: \$4.50 yearly; gifts for service men, \$3.50 yearly.

Fortune: \$10 yearly; gifts for service men, \$6 yearly.

Newsweek: \$5 yearly; gifts for service men, \$3.50 yearly.

You may also include subscriptions for any other magazines—*Cosmopolitan* or *Good Housekeeping* for example.

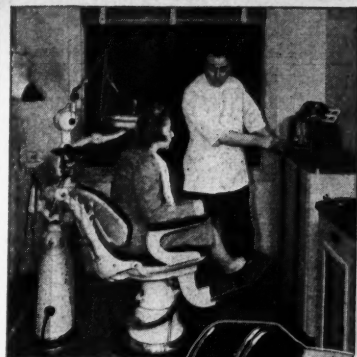
Please make your checks payable to the magazines themselves, but send to

Russell Panzica, D. D. S.

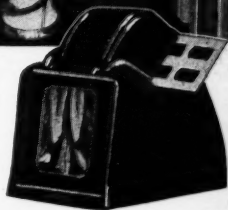
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Buffalo 13, N. Y.

(A penny postal will bring subscription prices on other magazines.)



FOR
SHOWING
X-RAYS



NOVEX X-Ray PROJECTOR - VIEWER

- FOR PATIENT EDUCATION
- FOR IMPROVED DIAGNOSIS
- FOR INCREASED RETURNS
FROM YOUR X-RAY

■ A potent educational and selling force for the X-Ray equipped dental office. Shows a brilliant, enlarged image of the X-Ray film for better diagnosis—for patient education and for graphically and convincingly bringing home to your patient the urgent necessity of the work you recommend.

Dual projection feature shows image on 7 x 7 inch viewing screen—or direct to wall for larger images. Accommodates most standard X-Ray mounts—Kodachromes, Black and White slides, etc. Available for immediate delivery. Fill in the coupon for a demonstration through your regular supply house. Ready to operate \$56.85.

FREE DEMONSTRATION COUPON

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Chicago, Illinois

I am interested in the Novex Dental X-Ray Projector.

- ☐ Would like a demonstration.
☐ Please send literature.

Dr.

Address

City State

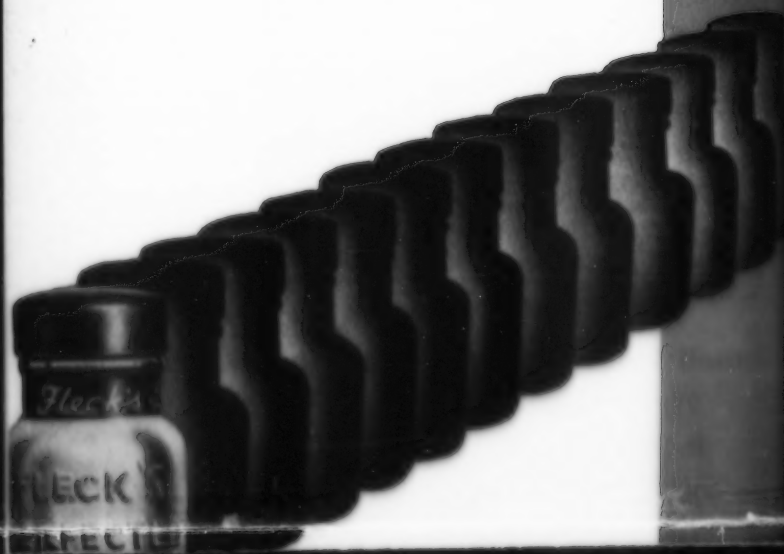
My supply house is:

Name

Address

City State

UNIFORM



UNIFORMITY

is important...

FLECK'S CEMENT is famous for its unique uniformity . . . uniformity of particles . . . uniformity in all colors . . . uniformity of every batch.

That's why you can be assured of unvarying uniformity of setting time under all conditions of humidity and slab temperature. Variation cannot occur to affect your cementing technic or results. You can be sure of the same superior strength, density . . . the same resistance to penetration, disintegration and solubility, regardless of batch number or shade with **FLECK'S CEMENT**



UBECO Perforated METAL

Impression Trays

\$2 per Tray

Set of 6—\$10

3 Sizes of Uppers

3 Sizes of Lower

Especially designed for use with the new impression materials. Well made, substantially built, highly polished. Strong enough to resist pressure. The three sizes will serve for the majority of cases. Order through your dealer today.

Sold by Reliable Dealers Everywhere. Manufactured by

UNION BROACH CO., INC.

37 West 20th Street

New York 11, N. Y.



STRAIGHT HANDLE— 2 ROW

the ideal stimulating
and cleansing agent

Considering one type of brush only—and most of us agree patients will use only one type, it is a proven fact that the design of the Dr. Butler brush with straight firm handle and two rows of bristles, make it possible for the patient to cleanse every tooth surface conveniently and effectively.

DR. BUTLER

*Tooth
Brush*

Make your own comparison—send 40c for two adult brushes. Then compare with any other brushes on the market. See for yourself why the DR. BUTLER is so often called "the ideal stimulating and cleansing agent."

**SEND IN THIS
COUPON TODAY!**

JOHN O. BUTLER CO.
7600 Cottage Grove Ave., Chicago, Ill.

OH 4-44

enclose 40c for two brushes. Send me—

(Do not send checks)
(Stamps or coin only)

☐ Medium Bleached ☐ **SYNTHETIC** ☐ Hard Bleached ☐ Extra Hard Bleached

Dr.

Address

City and State

Effective prevention and treatment of calcium deficiency

Calirad Wafers are readily assimilated and the ingredients are balanced to produce optimum utilization of calcium by the body economy. Each wafer contains 9 grains dicalcium phosphate, 6 grains calcium gluconate, and 660 U.S.P. units of chemically pure vitamin D₃.

Calirad Wafers may be prescribed to prevent calcium deficiency and for treatment of calcium-deficient states with assurance that they will prove an effective dietary supplement.

Calirad Wafers are indicated in pregnant and nursing mothers, in babies and growing children and in calcium-deficient adults.



Calirad Wafers

"Calirad," trademark Reg. U. S. Pat. Off. & Canada

WITH VITAMIN D₃



WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician and dentist

NEW YORK 13, N. Y.

WINDSOR, ONT.



SUPPLIED WITH #1A
COMBINATION



THIS IS THE

SUPPLIED WITH #1
COMBINATION



ARISTALOY DISPENSERS PORTION
ARISTALOY WITHOUT WASTE

BAKER & CO. AST

Silver Chest

The Silver Chest is a new introductory package containing ten ounces of Aristaloy plus one free ounce marked "Trial." It is presented so that Doctors who wish to become acquainted with Aristaloy can use enough of the "Trial" ounce to compare its superior working qualities with less modern, coarse-grained alloys.

For further proof, we suggest that you mark your record cards,

showing where Aristaloy was used and that you periodically note the excellent condition of the Aristaloy fillings.

If not satisfied that Aristaloy provides superlative working qualities — produces superior amalgam restorations, you may return the material to the dealer.

This package also presents an opportunity for considerable saving to present Aristaloy users.

Aristaloy

BAKER

100 ASTOR STREET, NEWARK, N. J.

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$3.

WANTED: Dentist registered for city in central New York; reference; permanent; good salary to competent man. Give full particulars. "E" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Good dental practice; office well equipped; one and one-half hours' ride from Wilkes Barre. A prosperous country town. Reason: death. "WA" Oral Hygiene, Pittsburgh, Pa.

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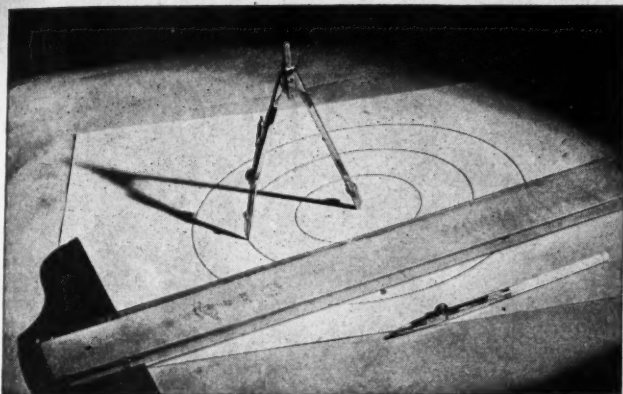
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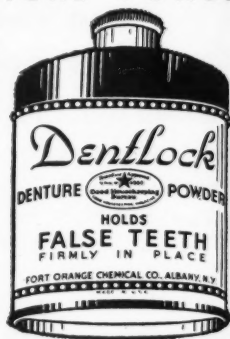
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Emily Gardner and W. B. Blanton,
Incidence of Aspirin Hypersensitivity.
Am. Jnl. Med. Sc., Sept., 1940.



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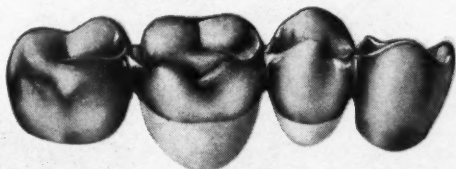


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